SILVER SPRING, MD.

05847

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEL AND DEATH

U.S. A.

(County)

DMER

e. IS RESIDENCE ON A FARM?

YES NO

Year

1960

Reg. Dist. No.

Monta

Months

ADDRESS (Street, city or town, stote)

(Stote)

DATE SIGNED

WAS AUTOPSY PERFORMED?

YES NO

(State)

22d. LOCATION (City, tawn, or county)

CUMBERLAND, MARYLAND

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Circhan S. Frans

10 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

WARNER E. PUMPARE

3 . . HYARD HIS BEARING TO BEATH THE HIP WAY A TOTAL TOTAL Service - State Survey Mary to the Deplement of Carry Asia Tables (A) American Commence Service Commence of the Comm to Grand a American with the first reducible There of the second of the sec THE SHOWED WITH which is the state of the state

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	5950	+	CERTI	FICA	TE OF DEATH	1.10				-0	
PLACE OF DEATH G. COUNTY MONTGOMERY			MAI	RYLAND	2. USUAL RESIDENCE (W. g. STATE	here deceased	b. CQUNTY	n: Reside		re admiss	ion)
	f outside corporate lim	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If	outside corpoi				rest town)
OLNEY	idlesi idwiij		5 HR. 2	0 MII	. CLARKSBUR	G	03	e.			
OR INSTITUTION	AL (If nat in haspital,				d. STREET ADDRESS	D-	1				IDENCE FARM?
MONTGOMERY NAME OF			HOSPITAL,			DR.	***		-		
DECEASED (Type or print)	Rosie	'51'	Fay		rrington	OF DEATH	MAY	th	Do ('	Year 19 60
. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MAR	RIED 🗌	B. DATE OF BIRTH 8/26	1894	9. AGE (In years lost bisthdoy)	-	R 1 YEAR	Hours	R 24 HRS Min.
FEMALE	WHITE	WIDOW	ED TO DIVOR	CED 🗌	10/26//188	14/	lost 65 yrs.	Mogths	10	Hours	Mill.
Oa. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CI	rizen oi	WHATC	OUNTRY?
Housewif		'			VIRGINI	A			USA		
3. FATHER'S NAME					14. MOTHER'S MAIDEN						
PEARCE GL	224				Francy	Bleds	00				
S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	IO. 17. IN	FORMANT	Drego	Addr	ess	271		
Yes, no, or unknown) NO	(If yes, give wor or dates of	ervice)	None		Hassisti Dro	0000	0		Mp.		
1	TH Enter only one co	use cer li		c)]	HOSPITAL REC	UKUS	ULI	NEY,		ERVAL BE	TWFFN
	TH WAS CAUSED BY:	osc per ii	10 101 1011 1011 1110 11	-1.1	1	-			ONS	ET AND	DEATH
Conditions, if or gave rise to it couse (o), stoting lying cause lost. PART II. OTH	the <u>under-</u>)	CONTRIBUTING TO D	DEATH_BUT	NOT RELATED TO THE TERM	NNAL DISEASI	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS A	AUTOPSY PRMED?
										YES 🗌	NO [
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Port I or Port	II of item 1B.)				
20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED Not while rk ot work		ACE OF INJURY (Hame, far story, street, affice bldg., et		ar tawn)		(County)		(Stote
21. I certify tho	ot (I) (this hospito	l) often	ded the deceose	d from		2 , .to		, 19_	, th	at (I) (we) las
saw the deceas	sed alive on MA)	6	19.60 , on	d that a	leoth accurred a6:1	OMPfram	the causes an	d an th	e dote	stated	obove
22a. SIGNATURE	-	^						1411			b. DATE
X.8	Bony	rai	1		M.D. PHYS.	AED.	STAFF PHYS.				SIGNE
22c. PHYSICIAN'S NAME (Type)	0				22d. ADDRESS	100					
TRAME (Type)	A. D. BONI	FANT	, M. D.		SANDY	SPRING	K MD.				
3a. BURIAL, CREMATIO)F	23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCAT	ION (City, town, o	or county)		(Stot	e)
REMOVAL (Specify)	/- /	50			Cemetery	Sec				rgin	
4. FUNERAL DIRECTOR			ADDRESS			D BY REGIST					
Robert A		y	Bethesda	, Ma				tur S.			

DATEMAY 9

may be instined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fitted with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

rs after death. Page 4

TO HOSP VR A15 (4) 1SM 9/S9

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haranky , yourroo e	topic transmit	Berks Enton	GB/57/8 22 28	247 E-1448
	to the fact			

CERTIFICATE OF DEATH

05850

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

urs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VS A15 (4) 15M 9/55

2013	CERTIFICA	L OI DEATH	Reg.	Dist. No.
PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	o. STATE Mary land	1 60141911	ence before admission) ntgomery
SILVER Spring	OF STAY IN 16	c. CITY OR TOWN (If outside corpord	te limits, write RURAL on	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 222 Whitmoor Terrace		/d. STREET ADDRESS 9106 Ewing Dri	ve .	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Ruth F1	Middle	Lost 4. DATE OF DEATH	Month May	Day Year 30 1960
Female Chite Widowed 1	VER MARRIED B. DIVORCED B.	July 8, 1920	AGE (In years IF UND lost birthdoy) Month	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gout,	USINESS OR INDUST	Washing to n, D		U.S.A.
FATHER'S NAME Eugene B. Perry		14. MOTHER'S MAIDEN NAME Ruth A. Zea		
WAS DECEASED EVER IN U. S. ARMED FORCES? 1, no. or unknown) (if yes, give wor or dates of service) 16. SOCIAL SEC		ormant nest H. Auguste	Address erfer, Jr.	9106 Ewing Bethesda,
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. (c)	pread m ma v t	breast.	ું ભાવસ	2 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 200 ACCIDENT WAS LINDERLYING D. 200 DESCRIPE HOW	-	OT RELATED TO THE TERMINAL DISEASE		ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	WOOK! OCCORRED.	tende notice of injury in control of con-	or new res,	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not v p. m. 19 While of work of work	hile focto	E OF INJURY (Home, form, 20f. (City or, street, office bldg., etc.)	r town)	(County) (State)
ACTUAL SIGNATURE CALON CALON CONTROL CALON CALON CONTROL C	and that death a	occurred at 11:50 AM, from ADDRESS (Syron). 9301 Coles (11)/e		I last saw the decease the date stated above DATE SIGNE 30 MM x / 2
O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAM	AE OF CEMETERY OR		ON (City, town, or county	
FUNERAL DIRECTOR'S SIGNATURE ADDR	thSt. N.	Atl. Cem. Arlin 240. REC'D BY REGISTR DATE AN 1 '60		SIGNATURE

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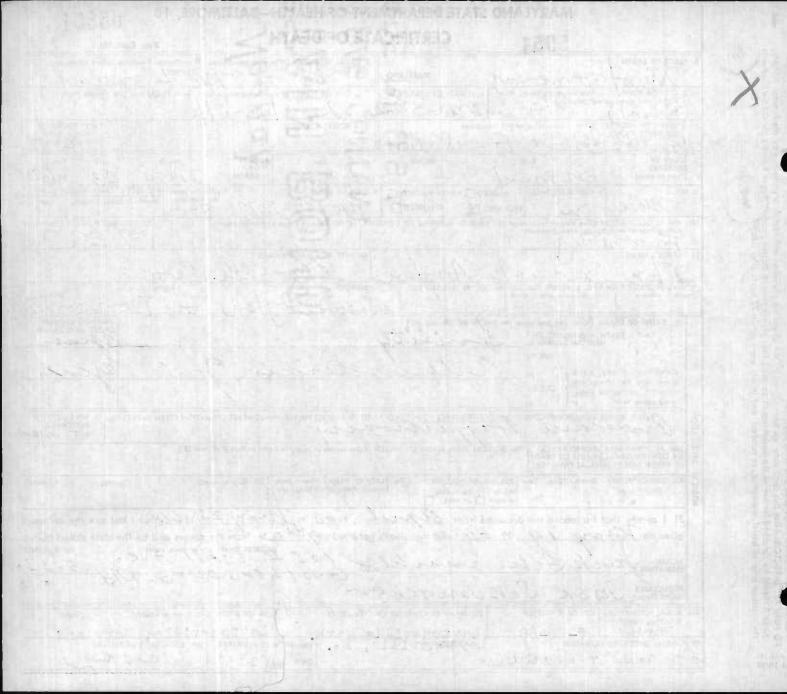
TO HOSP

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05851

9	530	595	7	CERTIF	ICA	TE OF DEAT	Н		Reg. Dist. N	0.	
	CE OF DEATH	Laone	m	MARYL	AND	2. USUAL RESIDENCE (W	here deceased l	ived. If institution	Residence bel	fore admission	n)
(7	RURAL ond give in) 0/7	RNO	15.00.	N 16	c. CITY OR TOWN (IF	outside corporal	le limits, write RUE	At and give n	earest town)	
8.7 Te	NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital,	give stylet oddr	0 1:	24	d. STREET ADDRESS				e. IS RESID ON A F YES	ARM?
DEC	ME OF CEASED pe or print)	< .	lee/	Middle	H	1-21 /00x)	4. DATE OF DEATH	Month Ma-		3 19	10
5. SEX	Make	6. COLOR OR RACI	WIDOWED D	DIVORCED		Mary 20	1877 9.		Manths Days		24 HRS. Min.
10a. U	USUAL OCCUPATION	ON (Give kind of working life, even if retire	k dane 10b. KÍNI ed)	D OF BUSINESS OF	INDUST	RY 11. BIRTAPLACE (State	e or foreign cour	ntry)	12. CITIZEN	OF WHAT C	OUNTRY?
13. FA	THER'S NAME	Sami	el.	Anto	31.1	14. MOTHER'S MAIDEN	eseth	Ren	1		
15. W/ (Yes, no		ER IN U. S. ARMED FC (If yes, give wor or dates o		IAL SECURITY NO.	17. IN	Tessie A	nton	R4 Address	Der	1/100	m
6		the under-	(b) Se	r (a), (b), and (c).]	ty	eler	is of	Juil.		TERVAL BETV SET AND D Jean	WEEN SEATH
FICATION	On.	HER SIGNIFICANT CO	NDITIONS CONT	ment	roj	NOT RELATED TO THE TERM			IN PART 1(o)	19. WAS AU PERFORM YES [MED?
oc O	R CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	4	E HOW INJURY OC	CUKKED.	(Enter notule of injury in	Fan I ar Fan II	or item 18.)			
WEDICAL 200	c. TIME OF INJUI Haur a. m. p. m.	RY Month, Doy, Y	ear 20d, INJUR While of work	Not while at wark	20e. PLAC	CE OF INJURY (Hame, far ary, street, office bldg., et	m, 20f. (City of	r town)	(Caunty	·)	(State)
AC SIG	CTUAL GNATURE HYSICIAN'S AME (Type)	nat I attended the	1, 19 60 Schi		hem	V105		23, 1960, the causes and et, city or Jown, sh	that I last to an the d	ate stated	
	URIAL, CREMATIC EMOVAL (Specify) Burtal	226. DATE THERE		AVTONS			La vto	on (City, town, or		(State)	
23. FUI	NERAL DIRECTOR	'S SIGNATURE		APUSALS V			D BY REGISTRA	R 24b. REGISTI	Chun S. K	JRE	



MARYLAND	STATE I	DEPARTMEN'	T OF HEALTH
ON OF STATISTICAL	DECE A DOLL	AND DECORDE	DAITIMANE & MANN

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05852

	0.951				
1. PLACE OF DEATH o. COUNTY	Mentg,	MARYLAND	o. STATE	rere deceased lived. If institution b. COUNTY	m: Residence before admission) Montg
RURAL and give n	If outside corporate limits, writerest tawn)	c. LENGTH OF STAY IN 16	1 101	utside corporate limits, write RU Lthersburg	RAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give str	eet address)	d. street address Bryan A	v e	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Earl	Middle Russell	Bailey	4. DATE Month OF DEATH May	Day Year 19 60
s. sex		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Aug 25-1879	last birthday)	Menths 298 Hours Min.
during mast of war	ON (Give kind of work done 1 king life, even if retired) Painter	Ob. KIND OF BUSINESS OR INDU Painting	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	The second second	
Zerep				Lia Reberson	
15. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Ann C. Bail	Addre ay. Gaithersk	
Canditions, if a gave rise to couse (a), stating lying cause last.	the under- (c)	personary -	effectivelier	of face	MINIMANT VALUE WAS AUTOPS
PART II. OT	HER SIGNIFICANT CONDITION		T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II of item 18.)	
20c. TIME OF INJUI Hour o. m. p. m.	WW.	d. INJURY OCCURRED 20e. PL iile Not while wark ot wark	ACE ON INJURY (Home, farm ctory, street, office bldg., etc	.)	(Caunty) (State
21. I certify the sow the deceo	ot (1) (this hospital) attacks	ended the deceosed from			1960 that (I) (we) los on the date stated above
22c. PHYSICIAN'S	-H. K.	thused		ED. STAFF PHYS.	5/13/60
NAME (Type)	WM A. Line	thicum		lle.Md.	,
23a. BURIAL, CREMATIC REMOVAL (Specify	5-16-60	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or SilverSpring	,,
24 SUNERAL DIRECTOR	S SIGNATURE	Parthers Back	9 1250. REC'	D BY REGISTRAR 2Sb. REGIST	TRAR'S SIGNATURE

VR A1S (4) 1SM 9/59

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N.		. el.i.i.		

TO HOSP

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05853

	5952		CERTIFI	CAT	E OF DE	ATH			Reg. Di	ist. No.		
1. PLACE OF DEAT o. COUNTY Montgome	STANDARD HALL	W.	MARYLAN		USUAL RESIDEN a. STAJE District	,				nce befor	e admissio	on)
	VN (If outside corporate limits, ve nearest town)	write c. LEN	GTH OF STAY IN	1ь	c. CITY OR TOW	VN (If out	side corpore	ote limits, write	RURAL and	give nea	rest town)	
Bethesda		10	days		Washingt	ton				4	7X-	-3
d. NAME OF HO	OSPITAL (If not in hospital, give				d. STREET ADDI	RESS				1	e. IS RESII	
	ical Center, B	ethesda	14. Md.		3700 Alb	emar	le St:	reet, N	.W.		YES	
3. NAME OF DECEASED (Type or print)	First Imre		Middle Peter		lost Baka	4	OF DEATH	Ma Ma	onth	5	,	eor 9 60
S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	B. D	ATE OF BIRTH		9	. AGE (In year		RIYEAR		
Mal.e	White w	IDOWED 🔣	DIVORCED		ay 10, 1			76 birthdoy	\$.	Doys	Hours	Min.
during most of	PATION (Give kind of work don working life, even if retired)			NDUSTRY	11. BIRTHPLACE	(State or	foreign cou	intry)	12. CIT		WHATCO	DUNTRY
Apartmen	t House Mgr.	Housi	ng		Hung	gary				Hun	gary	
13. FATHER'S NAME				1	4. MOTHER'S MA	IDEN NA	ME					
Imre Bak	a				Susann	na Na	jу					
15. WAS DECEASED	EVER IN U. S. ARMED FORCES		SECURITY NO.	INFO	RMANT The	Medi	cal R	ecord A	ddress			
No	(If yes, give war or dates of service	None		The	Clinical	Cen	ter.	Bethesd	la 14.	Mary	yland	1
1B. CAUSE OF	DEATH [Enter only one couse	per line for (o									RVAL BET	_
	DEATH WAS CAUSED BY:		racerebe	llor	hemonnh	1246					2 hr.	
gove rise ! couse (o), sto lying couse !	of in mediate ting the under ost. OTHER SIGNIFICANT CONDIT		onic mye					CONDITION	GIVEN IN PAR	1'		autopsy
NOLLY PART II.				3.11							YES TE	
OR CONTRIBUT	T WAS UNDERLYING [] 201 TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	b. DESCRIBE HO	OW INJURY OCCU	JRRED. (E	nter noture of in	jury in Po	rt I or Port	II of item 18.)				
Hour o.			OCCURRED 20e	e. PLACE foctory	OF INJURY (Hom , street, office blo	ne, form, dg., etc.)	20f. (City o	or town)	(County)		(Stote
21. I certify alive an	that I attended the de May 5		m April		, 19 <u>_60</u> , to curred at 7	:45 BV	A, fram t		and on the		stated	
ACTUAL SIGNATURE	Jerry	1.5	non	M.D		Clini	cal C				/6/60	
PHYSICIAN'S NAME (Type)	Jerry 3. T	rier, M	. D.					aryland				
220. BURIAL, CREM.	ATION, 226. DATE THEREOF		AME OF CEMETER	V a				SN (City, town		Co.	(Stote	7
28. FUNERAL DIRECT	top's signature	30	DORESS MS	t.N	20	a. REC'D	BY REGISTR	AR 24b. REG	GISTRAR'S SI			

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3/1	application of the	affection man		
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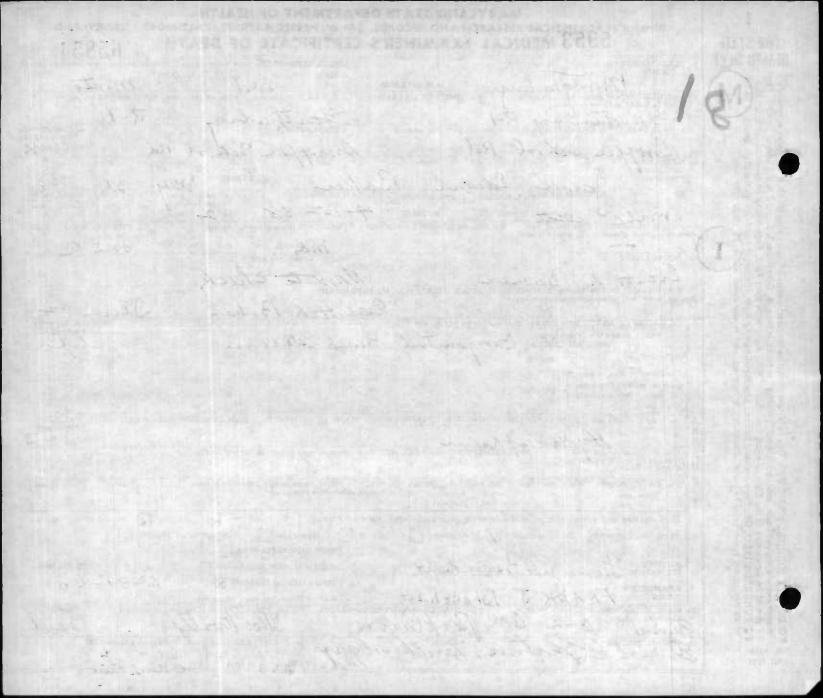
FOR STATE HEALTH DEPT TO DE. I'Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It is delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 79 yours after death.

VS. A15ME 5M 7/59

	TATE DEPARTME			
5953 MEDICAL EXAM	RECORDS, 301 W. PF	RESTON STREET, E	SALTIMORE 1, MARYL	ANI
5953 MEDICAL EXAM	AINER'S CERTIF	ICATE OF D	EATH 058	54

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	Menty maryland	e. STATE b. COUNTY m	nto
	b. CITY OR TOWN (if outside of porate limits, write RURAL and give negest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	yartherthung R-1	Faitherberg R-	1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Snotfer School Rel	Smarten School Rd	YES NO
3.	NAME OF First Middle	Last // 4. DATE Month OF	Day Year
	(Type or print) James Eduard 130	Eker DEATH May 3	1 1960
5.	SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8	DATE OF BIRTH 9. AGE (In years IF UNDER TY last birthday) Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
	male white WIDOWED DIVORCED -	7-13-38 2 yrs.	
	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
D		me	-5 6
/13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Events L. Balace	Nasitte Check	
	(as no as unbown) ! ((fyasaiyawarardatasafsanisa)	INFORMANT Address	
1	es, no, or ankown) (hypergreewal or dates of solvice)	rout L. Baker It	
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	reach deser	ONSET AND DEATH
	754 E DUETO		
	Conditions, if any, which (b)		1 1 2 2 1 1 4
	gave rise to immadiate cause		
	(a), stating the underlying cause last.		T - 0.45 340
Z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY
5	Hand 101		PERFORMED?
5	208. EXTERNAL CAUSE VAS 2012 DESCRIBE HOW INJURY OCCURED. (E	Enter nature of injury in Part I or Part II of item 18.)	IES NO 8
CERTIFICATION	PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
14	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ry) (State)
MEDICAL	Hour a.m. While Not While at work at work	ory, street, office bldg., atc.)	
	21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection , Inquiry ,	and in my opinion
	death resulted from: Natural causes V. Accident T. Suici	- pund	
		CHIEF MEDICAL EXAMINER	
-	ACTUAL ST. 10 Brookers	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE Mand	DEPUTY MEDICAL EXAMINER A	1-600
	NAME (Type) FLANK J. Broschaft	Address (Street, city, town, or county)	
27	to. BURIAL, CREMATION, 225. DATE THEREOF 226. NAME OF CEMETERY OR		(State)
1	Burgal 6-2-60 Parklaw	n Rockville,	mid.
2	3 PONERAL DIRECTOR ADDRESS A	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	INATURE
4	Showest & Farther, Garlhur	Wed DATE	
		TOTAL TOTAL STATE OF THE STATE	



death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

sirings , starviet in the course of the particular Nothern A. Presenting Butheron, warehand Lin

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5955 directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) rs after death. Page o. COUNTY. MARYLAND MONTGOMER LAND the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town DAUS 5 PRING 22 SILVER DETHUS DA the d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION by 2 GRANDIN 104-15 SUBURBAN and .5 4. DATE OF DEATH NAME OF Middle Last filled DECEASED Pages (Type or print) ALBERT IS ARR. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years AUGUST 6, 1903 MAZE DIVORCED [WIDOWED [сатр 10o. USUAL OCCUPATION (Give kind of work done 10b. KI after death during most of working life, even if retired) Kau pup remave carban 13. FATHER'S NAME attending physician unknown haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC 72 no please event within 1B. CAUSE OF DEATH | Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Then | the DUE-TO à permit. duy Conditions, if ony, TO FUNERAL DIRECTOR: After this certificate has been signed gove rise to immediate DUE-TO cause (o), stoting the underand lying couse last. by the haspital ar attending physician. as the burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CO remayal, 20a. ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) crematian, 20c. TIME OF INJURY Doy, Year 20d. INJ MEDI Haur a.m. While at wark 21. I certify that I attended the deceased burial, alive an MAY

05856

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

20

Doys

e. IS RESIDENCE ON A FARM?

YES NO I

Year

1960

Reg. Dist. No.

b. COUNTY

MAG

Months

last birthday)

ND OF BUSINESS OR INDUSTRY 11. BIRTHE	ACE (State or foreign country) L. John	Canada 12.Citiz	ZEN OF WHAT COUNTRY?
14. MOTHER'S	MAIDEN NAME unknown	0.000.000	
OCIAL SECURITY NO. INFORMANT Mrs. Clara	A. Barry, 104		Rd.
far (a), (b), and (c).]		Spring, Md.	INTERVAL BETWEEN ONSET AND DEATH 2 WLE 155
GASTRO. ESOPHOGE: ULMONARY INFAR			10 DAYS
NOCARCINOMA FO	IND US STOM	IACH	2 MONTHS,
NTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CON	IDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
IBE HOW INJURY OCCURRED. (Enter nature of	of injury in Part I or Port II af	item 18.)	
URY OCCURRED Not while of work	(Hame, farm, 20f. (City or to e bldg., etc.)	wn) (C	ounty) (State)
of fram OCT. 22 , 1959 on , and that death accurred at	950 M, from the	causes and an the city or town, stote)	date stated above. DATE SIGNED
20 BERTS MID.	SILVER SPR	ina, ma	RYLAND
22c. NAME OF CEMETERY OR CREMATORY TO JOHN'S CEMETERY		City, town, or county) RY COUNTY,	(State)
SILVER SPRING, MD.	24a. REC'D BY REGISTRAR DATMAY 25'60	24b. REGISTRAR'S SIG	

page 3 shauld be detached far use VS A15 (4) 15M 9/5B

the registrar priar ta

SIGNATURE PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

JAMES

/24/60

220. BURIAL, CREMATION, 22b. DATE THEREOF

ALL STATE OF THE CONTRACT OF CONTRACT

TELL MINUTE ELLE DESIRE

			1	- 07
	in by the funeral director,	and 2 should be filed with	(
	hysician and campletely filled	nove carban papers. Pages 1	within 72 hours after death.	
	y the attending p	. Then please en	, and in any even	I
may be removed by the haspital or attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 should be detached far use as the burial-transit permit. Then places, emove carban papers. Pages 1 and 2 should be filled with	the State Boord of Health prior to burial, crematian, or remaval, and in any even within 72 hours after death.	
may	FE	pog	the	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2: VR A15 (4) 15M 9/59

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PLACE OF DE	EATH						2. U	SUAL RESIDE	NCE (Wh	nere deceas	ed lived.	. If instituti	an: Reside	nce befar	e admiss	ian)
a. COUNTY	M	ntcomer	N TT		MARY	LAND	0.	STATE	0 2022	land	t	. COUNTY	Ma		omo:	
b. CITY OR T	OWN (If a	ontgomer utside carparate lim	its write	C IENG	STH OF STAY	IN 1h	-	CITY OR TO		Land	orate lin	nits write R		nrg		
RURAL and	give near	est tawn)	,	C. CEIVO	JIII OI JIAI	114 10	X				Oldie iiii	11113, 11116 11	O IONE GING	give nou		,
	omac								kvi	lle						
d. NAME OF OR INSTIT	UTION	(If not in haspital,	give stree	t address)			1 d	. STREET AD							ON A	FARM?
Rop:		Nursing	Home	9		620	//	390	0 F	alls	Ros	ad				NO [3
NAME OF	170	Fi	irst		Middle			Last		4. DATE OF	10.0	Mon	ith	Do	,	Year
(Type or print	t)	Edi	+h		C		P	avlv		DEATI	н	May		20		19 60
5. SEX	16	COLOR OR RACE	-	RIED N	VEVER MARRI	ED TW		E OF BIRTH		1	9. AG	E (In years	IF UNDE	RIYEAR		
T 1		99. da	WIDOW		DIVORCE		0	1 1-	065		last	birthday)	Manths	Days	Hours	Min.
Femal		(Give kind of work	1				CERVII		865	as familia	94	1	12 (17) 	WHAT	OUNTRY
during mast	t af warking	life, even if retired	d)			JK INDU	SIKT				Country)		12.011		WHATC	OUNTRI
Nurse				Nur	sing				rgi					US		
3. FATHER'S NA	AME						14.	MOTHER'S A	AAIDEN N	NAME						
	J	ames P.	Bay:	Ly							Wat	cd				
		N U. S. ARMED FO		SOCIAL S	SECURITY NO	17.10	NFORM	ANT				Add	ress			
No No	n) (it	res, give wor or dates of		None		1	Bro	oke B	rewe	er-Ne	enhe	ew-sa	me 2	2d		
	OF DEATH	[Enter anly ane c			(b) and (c)		D = 10	2	2 62111	CZ 111	piic	311 00			RVAL BE	TWEEN
		WAS CAUSED BY:	to the same of the	24.	, (0), one (c).	1	0	1. 0	2						ET AND	
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14-4	31	DUE TO	0	8/1-11	1. 1		-4			*	0	-0			00	0
	ns, if any		b)	Type	ulla	lu	4	Cara	400	asli	May	de	2mc		100	clay
cause (a),	e to imr		0	1												
lying caus			(c)													
PART	II. OTHER	SIGNIFICANT CON	VDITIONS	CONTRIBU	JTING TO DE	ATH BUT	T NOT F	ELATED TO T	HE TERMI	INAL DISEA	SE CON	DITION GIV	EN IN PA	RT 1(a) 1		
E				Two	me.											RMED?
20o. ACCID	ENT WAS	UNDERLYING [20b. DE	SCRIBE HO	W INJURY O	CCURRE	D. (Ente	er nature of	injury in	Part I or Pa	ort II af i	item 1B.)	-			
✓ OR CONTRI	IBUTING [CAUSE OF DEATH	rb.	- Cin	Sito	In		Han	de	-	Dr.	69	-ken	roco	Plane	
			-			100 0	7 -			100/16	7	9-4	7,00			
	a. m.	Manth, Day, Ye	ear 20d.	INJURY O	t while	20e. Fo	ctary, s	F INJURY (Ho treet, office b	oldg., etc	1, 2012(01	ty ar tov	vn) &		(Caunty)	-	(State
¥ W	p. m. /	10v. 278	at wo	ork at v	wark	6	ten	ne		1	reli	urly	1,	20000	9:	org
21 certi	ify that	(I) (this hospito	d) atten	ded the	deceased	from	Ver 9	28	. 19	5810	Ze	m, Z	0 196	5() th	at (1) (we) las
		alive and		0	60, and		dank	accurred	1/3	M ston		ases ar	ما مم دام			
22a. SIGNA		Has O	/	-23-11	- und	mur	Jeuwi	decorred	diasi	الم الم الم المراكز	I me c	goses ui	ia on m	e dute		b. DATE
	11	11. 7	20/	7	12	1		ATTENDING	M	ED.	STA	AFF		-	1-	SIGNE
22c. PHYSIC	TANIC	9.00		un	In he		_	PHYS. 22d. ADDRES		RECTOR [J PH'	YS.		3	120	160
NAME	(Type)	1771	-t	4 10 .		147	7 1	Zu. ADDRES	C	2/	00	8 -	- 1	, /	. 1.	, 1
	//	-11-161	1111	1100	111, 1	12000		110	0 1	acq		/	och	erla	11	29.
3a. BURIAL, CR REMOVAL (EMATION,	23b. DATE THERE	OF	23c. N/	AME OF CEM	ETERY C	OR CREA	MATORY		23d. LOC	ATION (City, tawn,	ar caunty)	117	(Stat	e)
Crema	tion	5/23/6	50	Ce	dar H	i11	Cr	emato	rv	Su	itla	and.	Mary	rlan	d	
4. FUNERAL DI	RECTOR'S	IGNATURE			DRESS				- 3	D BY REGI			STRAR'S S	IGNATUR	E	
Rober	t A.	Pumphre	V	Beth	esda,	Ma	rvl	and	DATE	v 2 4 '6	0.0	0.	9	*		
	- 440	- mary and	-			2 2 44			MA	YZAI	JV	1	art.	1144		

fre Strait or rather marker instruction of the second Section of the Land Section 1 onsign to dentities who research the made - 00 (ES) a modern for appert A. Funghery Backering and - or of the Land

5933

CERTIFICATE OF DEATH

		0000									
	PLACE OF DEATH	•			2.	USUAL RESIDEN	ICE (Where decease			e before ad	mission)
	Montgo	mery		MARYL	AND	0. 31711	nd.	b. COUN	Mor	oTgon	10RX
		outside corporate lim	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOV	VN (If outside corp	prote limits, write	RURAL ond gi	ive nearest	tawn)
	Kensing			1-1/2 ME	5. 8	/ 18:1	ver Spr	3	7 75/16	-1-	
		AL (If not in haspital, s	give street		1	d. STREET ADD	RESS				RESIDENCE N A FARM?
	Kensingi	ON GA	Aden	IS DAN.		112	Lexingt	on Driv	7e	YES	S NO X
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	N	lanth	Day	Year
	(Type or print)	E	dNA	- V.		BEAN	DEATH		5	17	1960
5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	B. D.	ATE OF BIRTH		9. AGE (In year last birthday			INDER 24 HRS.
	+	W	WIDOWE	DIVORCED	0 9	-28-1	882		Months 1	Days Ho	ours Min.
00	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZ	EN OF WH	AT COUNTRY?
	Seamstre	ing life, even if retired SS	4)	Own busin	ness	MAR	yland.			U.S	5. A.
3.	FATHER'S NAME			10		. MOTHER'S MA	IDEN NAME				
	13	eniAMII	2)	9. BEAI	0	MAI	2V F	Blun	don		
	WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	MANT GE	orgetow	n Rd. A	ddress Re	these	da. Md.
(Ye	s. no, or unknown)	If yes, give war or dates of	service)	None	Ben		Bean-Br			1d	uu, 110.
-	10 CAUSE OF DEA	TH [Enter only one o	ouse per lie	ne for (o), (b), and (c).]	Den	J. H.	Deart-Br	ocher-c	TUT U		L BETWEEN
		TH WAS CAUSED BY:	ouse per in	ie 101 (0), (b), ond (c).)	Do	-	1.	-			ND DEATH
	11511	IMMEDIATE CAUSE (420	nsu	J.c	MAN P	rensed	wy			2-100
	434	DUE TO									
	Conditions, if ar		b)								
	gave rise to in cause (a), stating t	DITE TO)								
	lying couse lost.) (c)								
Z	PART II. OTH	ER SIGNIFICANT CON	NDITIONS C	CONTRIBUTING TO DEA	TH BUT NO	RELATED TO TH	E TERMINAL DISEA	SE CONDITION	GIVEN IN PART	1(o) 19. W	AS AUTOPSY REFORMED?
A		(Tax	Res	nson a	DA	seas	a.				NO 4
I F	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of in	jury in Port I ar Pa	ert II of item 18.)	1,000		
CER	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			1						
AL	20c. TIME OF INJURY			NJURY OCCURRED	20e. PLACE	OF INJURY (Har	ne, farm, 20f. (Cit	ty or town)	IC	ounty)	(Stote)
EDIC	Haur a.m.	19	While	Not while		street, office bl				,	
×	p. m.	12	at wor	k at work							
	21. I certify tha	t (1) (this haspita	1) attend	led the deceased t	ram		19.48 .ta.	17 m	1962	.O. that (1) (we) fast
	saw the deceas	ed alive an5	7/13	19.6 Cond	that deat	h accurred o	19-55 NY, THOR	the causes	and an the	date sta	ited abave.
	22a. SIGNATURE	7 11 5	~	11 1			//				22b. DATE
	Wille	reven i	Di.	and	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.		571	7 SIGNED
	22c. PHYSICIAN'S				-	22d. ADDRESS	1 - 5 -	-		-	Md
	NAME (Type)	William	D. A	ud		9006	Colesv:	ille Ro	. Sil	ver S	Spring
230		N, 23b. DATE THERE	OF	23c. NAME OF CEME	TERY OR CR	EMATORY		ATION (City, tow			(Stote)
	BUYAL (Spicify)	5/19/6	50	Mt. Zior	Cem	eterv		-haeda			

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detache the State Board of Health TO HOSP VR A1S (4) 1SM 9/59

s ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ian ond campletely filled in by the funeral director, carbon papers. Pages 1 and 2 should be filed with

attending physician

Then pleose

detoched far use as the burial-transit permit.

prior ta burial, cremation, ar

by the haspital or attending physician.

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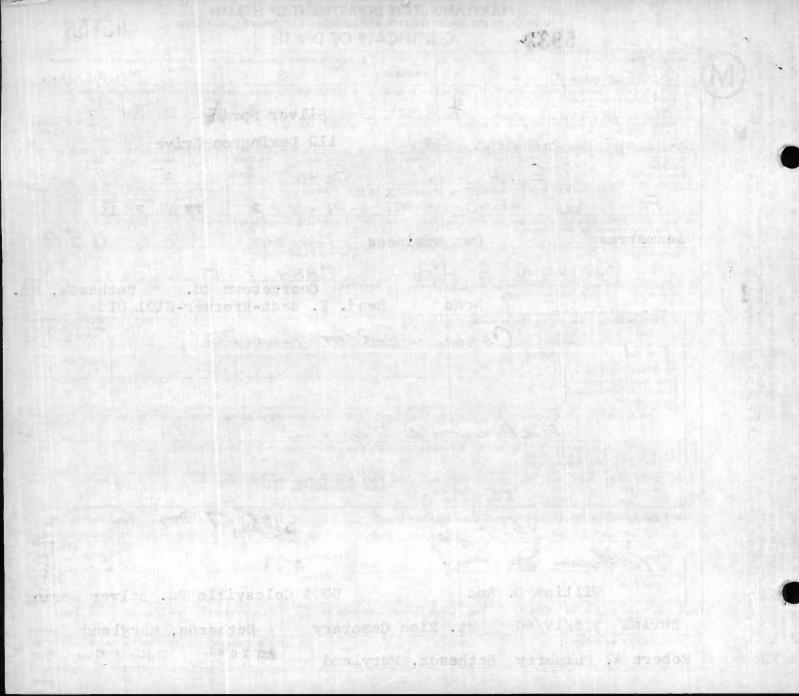
remayal,

in 72 hours after death

24. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

ADDRESS Bethesda, Maryland 250. REC'D BY REGISTRAR DATE

25b. REGISTRAR'S SIGNATURE arthur & Kenned



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5957 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) HEALTH DEP. PLACE OF DEATH e. COUNTY Page b. COUNTY is necessary, director, Pay Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) O Bethesda (Rural Bainbridge Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) be retained for d. STREET ADDRESS IS RESIDENCE 3 to the funeral ON A FARM? #1. Bainbridge State U. S. Naval Hospital USNTC. Space Vil YES NO X NAME OF Middle DATE DECEASED OF the 14-(Type or print) BEAVER DEATH 19 60 Bonnie Lynn Ma.v with 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 2 with 7. MARRIED NEVER MARRIED X s 1, 2, and 3 age 5 may 1 and 2 wii 72 hours last birthdey) Months Days Hours Female. Caucasian WIDOWED DIVORCED 24 hours after 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2, PM3. Page done during most of working life, even if retired) North Carolina U.S.A. pages 1 None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 18. Give Gene Whitmore BEAVER Dorothy JONES it. File form This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Yes, no, or unkown) | (Ifyes givewar or detas of servica) Office along with for burial-transit permit amoval, and in prox en Hospital Records No None in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: failure Respiratory IMMEDIATE CAUSE (a) DUE TO removal, Acute Aspirin poisoning Conditions, if any, which (b) ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a bits designated agent, prior to burial, cremation, or rem geve rise to immediate cause DUE TO (e), steting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO YES X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY Cor CONTRIBUTING X CAUSE OF DEATH. 5 gr. Aspirin tablets Reported to have taken a number of 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year (State) fectory, street, office bldg., etc.) ec1 Not While Hour e.m. Md. et work et work Bainbridge Harford Home **YINTK** 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Accident X Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE M DEPUTY MEDICAL EXAMINER EXAMINER'S 5-2-60 Frank J. BROSCHART, M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 9989 22c. NAME OF CEMETERY OR CREMATORY 0.0 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 Burial-Shipment Durham N.C. 0 4 O O 23. FUNERAL DIRECTOR ADDRESS 24e, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME arthur S. Krous 5M 7/59 W.W.Chambers Co., 1400 Chapin St., NW, WashDC

tem 18 Film 262 5-9-MARYLAND STATE DEPARTMENT OF HEALTH

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	oran de la companya d		and of the tenders and the	WILL L

rs ofter death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

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VS A15 (4) 1SM 10/57

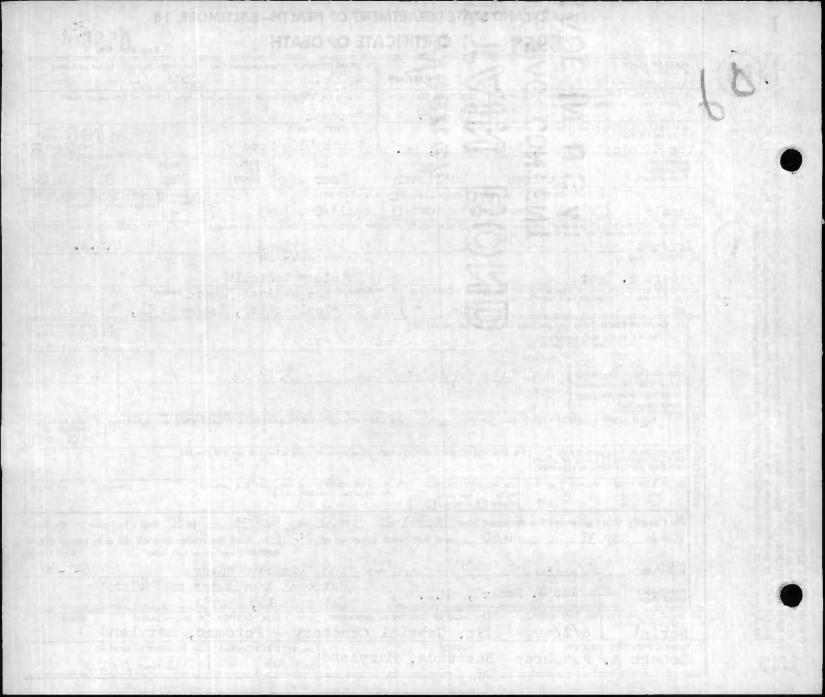
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5958

CERTIFICATE OF DEATH

Reg. 05,860

1. PLACE OF DEATH a. COUNTY Montgomer	v		MARYL	AND	2. USUAL RESIDENCE (Wo. STATE Maryland	here deceased	lived. If institution b. COUNTY Montgo		befare o	admission)
	(If autside carparote timi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	outside corpor			e neares	t town)
Bethesda	nedresi rawn)		39 days		Potomac		60			
	TTAL (If not in haspital, g	ive street	address)		d. STREET ADDRESS		1			IS RESIDENC
The Clinic	cal Genter,	Beth	esda 14, Md		South Glen	Road				ON A FARM
3. NAME OF DECEASED (Type or print)	Kathle Kathle	en	Middle Holliste	-	Beer	4. DATE OF DEATH	Mon May		00y 31	Year 19 6
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8	. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		
Female	White	WIDOW	ED DIVORCED		April 26, 1	953	last birthday) 7 yrs.	Manths D	ays H	fours Min
100. USUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State		untry)	12. CITIZ	EN OF V	WHAT COUN
Student	orking life, even if retired	,	None		Marvl	and		T	J.S.	Α.
13. FATHER'S NAME					14. MOTHER'S MAIDEN				0000	
Robert A.	Reer				Kathleen C	ostell	2			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT The Med			ress		
(Yes no. or unknown)	(If yes, give wor or dates of s	ervice]	None		Clinical Co				Mary.	land
Canditions, if gove rise to cause (o), stating lying cause last	g the under-	m	alignant		OT RELATED TO THE TERM			Many	(a) 19. \	WAS AUTOP
PART II. OT	AS UNDERLYING IT	20b DES	CRIRE HOW INJURY OC	CURRED	(Enter nature of injury in	Part Lar Part	II of item 18.)			ES 🔼 NO
	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	100. 013	CAMBE FROM HAJORY OC	CONNEG	teme native of injery in	Tan Far Fan	n or nem to.,			
20c. TIME OF INJU Hour a. m. p. m.	10	While	NURY OCCURRED Nat while k at wark	Oe. PLA: fact	CE OF INJURY (Hame, farm ary, street, affice bldg., etc.	n, 20f. (City	or tawn)	(Cod	unty)	(Sto
21. I certify to alive on Macrual SIGNATURE PHYSICIAN'S NAME (Type)		, 19_6	on that a	death	n, 1960, to occurred at 3:55 The Clin National Bethesda	P.M. from ADDRESS (SH ical Co Insti-	the causes a cet, city or town, enter tutes of	end an the	date	the deced stated ab DATE SIG 6-1-60
REMOVAL (Specify Burial	6/2/60	F	St. Gabr			22d. LOCAT	on (City, town, o	7,		(State)
23. FUNERAL DIRECTOR Robert	R'S SIGNATURE A. Pumphre	ey	Bethesda,	Ma	ryland 240. REC	D BY REGISTI	30	rthur S.		



(State)

23d. LOCATION (City, town, or county)

2So. REC'D BY REGISTRAR

'60

DATE MAY 5

Maryland

archur S. Frank

256. REGISTRAR'S SIGNATURE

N

page 3 shauld be detached far use the State Board af Health prior to bu

	5.4					
	PLACE OF DEATH D. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	ed lived. If institution: b. COUNTY	Residence before	odmission)
	Moriginery	MARILAND	MARYIANd		CINCE	GEORGE
	b. CITY OR TOWN (If outside carporote limits) wi RURAL and give nearest town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corp	orote limits, write RURA	AL and give near	ast town) /
/	AKTMA PAKK	13daus	14A1150111	0	1661	·d
	d. NAME OF HOSPITAL (If nat in hospital, give st OR INSTITUTION	treet address)	d. STREET ADDRESS	111		ON A FARM?
6	ASHINGTON SAVITARI	umy Hospital	5614 36	Flace		YES NO
	NAME OF First	. Middle	Lost 4. DATE	Month	Day	Year
	(Type or print)	e Helling	15 Belt DEATH	11/14	VIA IDED 1 VEAD	1960
. :	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	1		Hours Min.
1	emale White wie	DOWED DIVORCED	1-30-80	80 Yrs.		
0a	. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fareign	country)	12. CITIZEN OF	WHAT COUNTRY?
	House wife	At Home	New Jees	611	ANIER	eich
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7		
	HOWARd A Gi	1bert	GeorgiaNA	Hellin	45	
	WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT	Address	1	
re	s, ne, or	None 5	ON- CORDER	H. B.o.1.	1	
-	18. CAUSE OF DEATH Enter only one couse p	per line for (o), (b), and (c).]	· ·			EVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY:	1	Home & III			T AND DEATH
	IMMEDIATE CAUSE (a)	singestion 1	Jam Janare		14	74.7
	DUE TO	2 0-1	1.00		-	1115
	Canditians, if any, which (b)	Myo savary 1	~ safficiency			100
	gove rise to immediate Cause (a), stating the under-	, 1	700			
	lying couse last.	swamy /n	sufficience		12	715
S	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(0) 19	WAS AUTOPSY PERFORMED?
Y	Core Adens carcin	ama of Fula	metring of at	Prus !		YES NO
=			D. (Enter noture of injury in Port I or Po	ort II of item 1B.)		
CEK	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
B	20c. TIME OF INJURY Manth, Doy, Year 2		ACE OF INJURY (Home, farm, 20f. (Ci	ty or town)	(County)	(State)
ED	10	Vhile Not while to	ctory, street, affice bldg., etc.)			
×	p. m.		1 0	w. 1	/	
	21. I certify that (I) (this hospital) at	1 3) A.	May	, 1%_12, tha	it (1) (we) last
	saw the deceased alive on A	19_0, and that a	death occurred at 4 5 7M, from	the causes and	on the date	
	220. SIGNATURE	TING IN A	ATTENDING MED.	STAFF _ Dh	. 1	22b. DATE SIGNED
	(amos by	- wyalf w	MID. PHYS. DIRECTOR		71,1	760
	22c. PHYSICIAN'S NAME (Type) TAMES M	WHITIOCK M.D.	22d. ADDRESS	TRE	al ir	1211 0
	U GO TALLON ITA	THE TELLUCIA MADE	1/// 4/////////////////////////////////	Land Brown	WE E TO S. T. T.	11.0111

23c. NAME OF CEMETERY OR CREMATORY

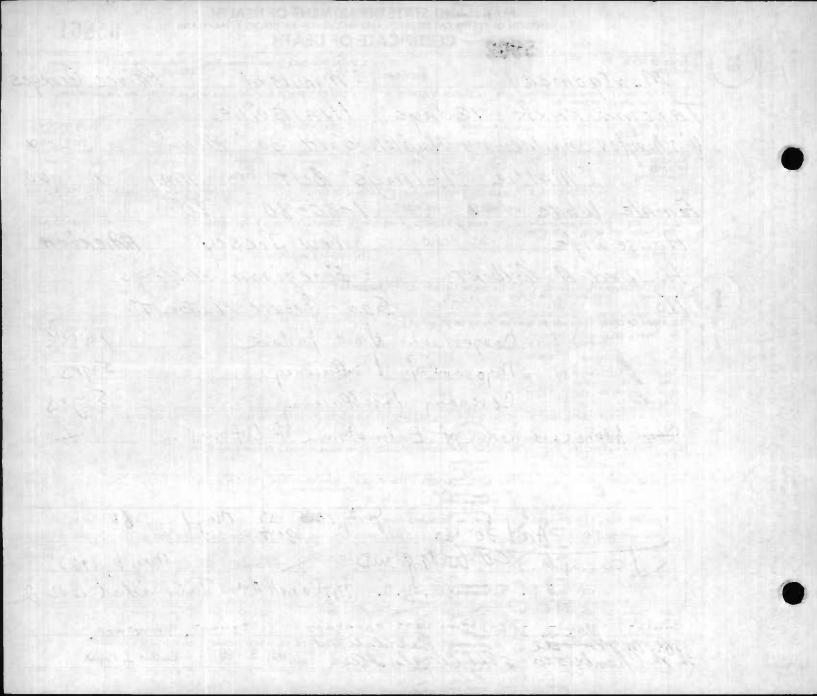
23b. DATE THEREOF

1960

BURIAL, CREMATION, REMOVAL (Specify)
Burial

24. FUNERAL PHOGTOGO SIGNATURE

TO HOSP VR A15 (4) 1SM 9/S9



or removol.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5959MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

05862

1. PLACE OF DEATH a. COUNTY	M ontgome	y	MARYLAND	2. USUAL RESIDENCE (Where decease	ed lived. If Institu b. COUNT		lence bef	ore odm	ission)
and give nearest tow	If outside corporate limits, write no Sburg	RURAL C. LENGTH	OF STAY IN 16	c. CITY OR TOWN (I		orale limits, write	RURAL on	d give n	earest to	wn)
the state of the state of the state of	tal or institution (included Apartmet		treet address)	d. STREET ADDRESS Hillside Apartments e. IS RESIDE ON A FA YES \(\) No						
3. NAME OF DECEASED (Type or print)	Frederick	Arth	Middle ur Blo	Lost OWERS	4. DATE OF DEATH	May 25	196	Doy		rear
5. SEX male	6. COLOR OR RACE	7. MARRIED NEVI	ER MARRIED 8	6/13/191	8	9. AGE (In years last birthday) yrs.	Months	Days Days	Hours	ER 24 HRS Min.
during most of worki	ON (Give kind of work on life, even if refired)	done 10b. KIND OF BUS	SINESS OR INDUST	N.Y.	e or foreign o	ountry)		USA	WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			150		
Unl	known			Unknow	n					
Yes, no, or unknown)	/ER IN U. S. ARMED FO (If yes, give wor or dates of	085-12	-2061 K	athleen Blow		ife) Address	Ite	m 2		
	TH [Enter only one cou							INTER	T AND DEA	EEN ATH
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemorrha	ge						Spicio	
481	DUE TO	03	A3	1 0 C		7-			Sudo	ten
Conditions, if a	101	snot gun wo	una thru	heart & Gre	ac ves	SETS				
(a), stating the										
couse last.) (c).									
CATIO				IOT RELATED TO THE TERM			EN IN PAR			AUTOPSY ORMED?
200. EXTERNAL CA PRIMARY OF OF CO CAUSE OF DEATH.	USE WAS NTRIBUTING	Shot by 2	end party	nter nature of injury in Pol at home	rt I or Part II	af item 18.)				
20c. TIME OF INJU	RY Month, Day, Yea A.M. 5/25/60		while facto	CE OF INJURY (Home, farry, street, office bldg., etc.	: (.:	or town) larksbur		unty) Mont	g. N	(State)
21. I certify t	hat I taak charge	of the remains o	described aba	ve, held an Autaps	sy 🗷, In	spection .	Inqui	ry 🔲	and	find the
death resulted	fram: Natural	causes []. Accid	dent [], Suid	cide 🔲, Hamicide	e 📑 Ur	determined o	cause [].		
ACTUAL SIGNATURE	Frank J.	Bronz	aut	_M.D. CHIEF MEDICAL E	XAMINER				DATE S	IGNED
EXAMINER'S NAME (Type)	Frank J. Br	oschart		ASSISTANT MEDICAL			5/25	/60		
	ON, 22b. DATE THEREO	F 22c. NAME	of CEMETERY OR	CREMATORY	Dunr	ION (City, town,	-	ำทอ	(State	e)
23. FUNERAL DIRECTOR		ADDRE		240. RFC	D BY REGISTI		STRAR'S SI		E	
	eeler-1331	E. Montg					Irilan .			

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	may be retained by the haspital ar attending physician. To funeral directors: After this certificate has been signed by the ottending physician and campletely filled in by the funeral directors. After this certificate has been signed by the ottending physician and campletely filled in by the funeral directors. Page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Poges 1 and 2 shorted by filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours offer deoth.	1
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	may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cam page 3 should be detoched far use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, crematian, or removal, and in any event within 72 hours after Deoth.	
200	NER. 3 sl	
-	Page the r	
5	may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed. page 3 should be detoched far use as the burial-transit p the registrar prior to burial, crematian, or removal, and it	P
51	4 9/5P	101

1. PLACE OF DEATH o. COUNTY O D T + 90	omery MARYLAND	2. USUAL RESIDENCE (WE O. STATE Mary Le) . hc	OUNTY	ce before odn	
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) Bethesda	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits,			iwn)
d. NAME OF HOSPITAL (If not in haspital, give son INSTITUTION SUBAR PART)	HOSpila7	d. STREET ADDRESS	LESS STATES	G	e. IS F	ESIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) Katherine.	Middle Gri n .	Bo TH.	4. DATE OF DEATH	Manth	Day 15	Year 1966
	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 4 - 9 18	86 9. AGE (1) last bir	AL Jan I	Days Hou	1
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDU	area 1	e 1	Ca 40da	ZEN OF WHA	S/2-
13. FATHER'S NAME andrew galbr	-aith.	14. MOTHER'S MAIDEN N	rie m	cRas		
15. WAS DECEASED EVER IN U. SARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		rs. Robert 1	McCormick	Address -Daughte	er-2d	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the under: Jying cause lost. (c)	Thrombosis, ri Thrombosis, ri Atheroselevosis,	Faration, recenting ht coronal	t, postiwa	II Ducut	ONSET AN	ND DEATH
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condit	ON GIVEN IN PART	PER	S AUTOPSY FORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item	1B.)		1.0
Haur o. m.	20d. INJURY OCCURRED While Not while faut wark of twork	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City ar tawn)	(C	County)	(Stote)
21. I certify that I attended the de alive an Mary 15 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) George	harpe	m. 105/1	M, from the cou	or town, state)	Ave	ed abave. ATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) Cremation 5/19/60	22c. NAME OF CEMETERY O	L Crematory		Maryl	and	tate)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey	Bethesda, Mar	ryland DATEMA		Outhur S. 1	10	

www.padmois. More lone Lette Robert McCornileke Danvirter-2d holds a to same, settlends, Harryland

05864

1. PLACE OF DEATH			2. USUAL RESIDENCE (W			before admission)
Montgomery			Maryland Montgomery			
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 1b		outside corporate limits		
Bethesda	1	8 hrs.	Silver Sp	ring	26	
d. NAME OF HOS	PITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		1	e. IS RESIDENCE ON A FARM?
	val Hospital		2310 Cols	ton Drive		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year
(Type or print)	Baby	Boy	BRAY	DEATH	May	30 1960
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (YEAR IF UNDER 24 HRS.
Male	Caucasianwidow	/ED DIVORCED	5-30-60	1031 01	yrs. Months D	oys Burs Min
10a. USUAL OCCUPA	TION (Give kind of work done 10b orking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
None	orking me, even in remed)		Mary	land	U.S	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
George	August BRAY		Martha B	ARDENHAGE	N	
	VER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
No No	(If yes, give war or dates of service)	None H	ospital Re	cords		
	EATH Enter only one couse per I		ODDA OGA NO	00100		INTERVAL BETWEEN
	EATH WAS CAUSED BY:	- when I	ATPLOCIAS			ONSET AND DEATH
7.63	DUE TO	conalal	Literector	13		8 hours
6 84 9		T T				0.1
Conditions, if gove rise to	Immediate f	rematurit	4			8 m 11 m
lying couse los			1			
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	AINAL DISEASE CONDI	TION GIVEN IN PART	10 10 WAS ALITOPSY
PART II. C	THEK SIGNATICALLI CONDITIONS	CONTRIBOTING TO DEATH BUT	THOI KEDATED TO THE TERM	MINAL DISEASE CONDI	HON GIVEN IN PART	PERFORMED?
E 200 ACCIDENT	WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. /Feter enture of injury in	Port Lor Port II of ite	m 18 \	YES NO
□ OR CONTRIBUTING □	NG CAUSE OF DEATH	SCRIBE HOW HAJORI OCCURRE	D. (Enter holore of injury in	Tront for ton in or no.	,, ,,	
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m 206 (City or town)	15-	unty) (Stote)
20c. TIME OF INJ Hour a. m	n. While	Not while fo	ctory, street, office bldg., e	tc.)	(Co	unty) (Stote)
		rk ot work				
21. I certify t	hat (I) ichtschissische aften	ded the deceased fram	May 30 1	260 to May	30 19_60	O that (I) (VIE) last
saw the dece	ased alive on May 30	19.60, and that a	death accurred at 4	MOrrom the car	uses and on the	date stated above.
220. SIGNATURE	/1					22b. DATE SIGNED
	Harris	1 4 4 4 1 1 1 1 1 1	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.		5-31-60
22c. PHYSICIAN'S NAME (Type			22d. ADDRESS			
(1)	D. HARRIS, I	T MC USN	U.S. Nava	al Hospit	al, Betho	esda. Md.
23a. BURIAL, CREMAT		23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (Cit	y, town, or county)	(Stote)
Cremation	6-1-60	Cedar Hill C	rematory	Suitland	Mar	yland
24. FUNERAL DIRECTE	ST S SIGNATURE	La ADDRESS	25a. REG	DAY REGISTRASO 2	256. REGISTRAR'S SIGN	NATURE
R. A. Pum	hrey Funeral Ho	me, Bethesda, N	d. DATE	JUN 2 60	arthur &	1. Krains
	-16	11/2	1 - 7/12			
200	1 BL B / X	. 7 3				

rs after death. Page 4
by the fun all director,

TO HOSF OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, as after demay be used by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the find page 3 shauld be detached for use as the burial-transit permit. Then pleose remave carban papers. Pages 1 and 2 shault the State Board at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

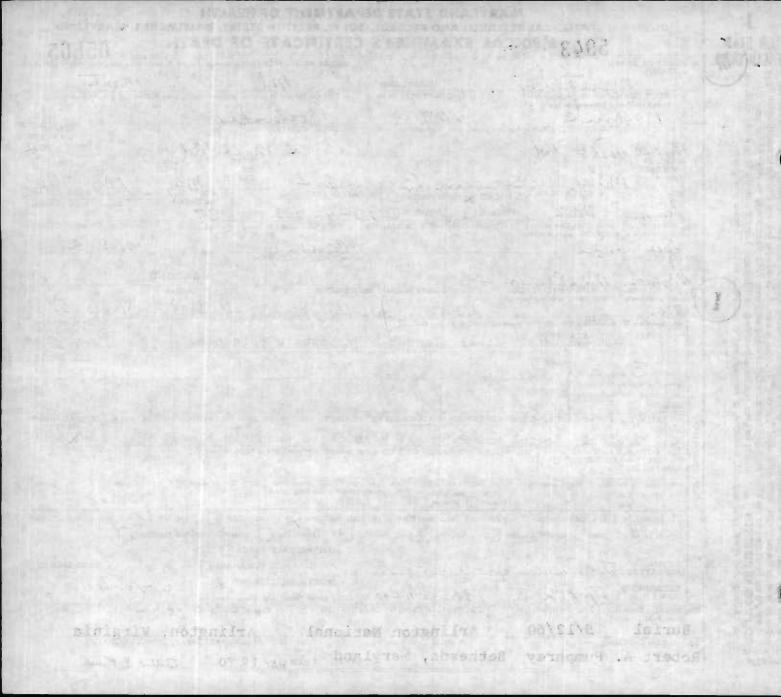
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	And wide of Ant		ANDERSKIE JE VER			
18-4E-E						
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Haryland	partoles 3 factored F	Cycles 1851	08-1-5	retracto		
119 (1915)	up rome to be	i.		gis A R		

BALTIMORE 1. MARYLAND Division of STATISTICAL RESEA FOR STATE EXAMINER tem 14 Film G263 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY nould be executed within 24 hours after death. If any delay is necessary, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Healthmoval, and in any 60-oct, within 72 hours after death. a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write KURAL and give negrast town) Uckna d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Year DECEASED OF (Type or print) DEATH may change 6 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF SIRTH 7. MARRIED NEVER MARRIED last birthday Months Days Hours WIDOWED DIVORCED USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) M-S- a nonsemo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate should be executed within 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or dates of sarvica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Found dead Ethel alcohol & Barbituate poisoning IMMEDIATE CAUSE (a) in bed DUE TO removal, Conditions, if any, which (b) "pending" gava rise to immadiata cause 10 Examiner's DUE TO 88 (a), stating the underlying o cause last. pe nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremetif 0.29% ethel alcohol and 2.55 mg% Barbituate found in blood
20e. EXTERNAL CAUSE WAS | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.) YES X NO PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While C Hour a.m. Mont. Home at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Shosehant NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DE 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Burial 0 E40 9 Arlington National Arlington Virginia
24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Robert A. Pumphrey Bethesda, Maryland 5M 7/59 DATE MAY 1 2 '60 arthur S. Thous

Items

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

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4			5962 CERTIFICATE	OF DEATH
age a	/	1		SUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE b. COUNTY
dired			Montgomery	Maryland b. COUNTY Montgomery
death uneral			b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9306 Parkhill Terrace Bethesda
s after y the f	07	14	d. NAME OF HOSPITAL (If nat in haspitat, give street address) OR INSTITUTION Suburban Hospital	STREET ADDRESS e. IS RESIDENCE ON A FARM?
d un bu	,			7500 I GIRLILLI I GII I GCC
n 24 Filled i	ath.	M	(Type or print) Margaret A B	ullion 4. DATE Month Day Year OF DEATH May 16 19 60
ithi Pag	9		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE	E OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
hed w	after			28/1876 84 yrs. 0 18
d can	haurs		10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWITE	1. BIRTHPLACE (State or foreign country) Ohio US
an	22	-	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
siciar ve ca	within /		Harmon Wolfe	Anna Lammers
phy	व	-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. of or unknown) (If yes, give wor or dates of service) None None	
ing ing	19		No None Mrs.	Katherine Keller-Daughter-same 2d
end	and		1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and '(c).]	INTERVAL BETWEEN ONSET AND DEATH
att att	. <u>.</u>		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mbre 3 HR
of the	guo	- 1	260 × DUE TO	
th die	, lo	-	Conditions, if any, which) (b) (148=TES ME	CCITUS & HYPERTENSION (YRS
uire	0		gave rise to immediate cause (a), stating the under-	
an. sig	7	991	lying couse lost. (c) ARTERIOSCLERU	11 /0 YR3
hysicies s beer	tian, o)		ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The g p	5 6	×	The Accident will a supervision of the process will be accused to	YES NO No nature of injury in Part I ar Part II of item 18.)
IAN: tendin ficate	al, cre		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, italiae at injury in 101 101 101 italia at italia italia
r att	por			INJURY (Home, farm, 20f. (City ar town) (County) (State) reet, affice bldg., etc.)
PH all a	D D		Haur a.m. P. m. While Not while at wark	Too, one bag, etc.)
aspit ffer t	priar	15		lee 1957, to May , 1960, that (1) (we) last
END R: A	#			accurred at 21.M, from the causes and on the date stated above.
top det	T T	7.04	220. SIGNATURE	ATTENDING MED STAFF SIGNED
PRE ed	dag	1	M.D. P	HYS. DIRECTOR PHYS. D
The state of the s	logic	1	NAME (Type)	2d. ADDRESS & 218. WIS CONSIDER PAUX
ERA	e e	1	Leo I Donovan	BETHESOA 14 MO
HOSP ay be FUNE	re Sta		23a. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREM	
0 0 0	t e		Burial 5/19/60 Parklawn Cem	
VR A15 (4)	1 14		24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Bumphrey Bethesda, Maryl	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

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order in the street and the	Mys. Kappenine K	anok Salahan		
		опуолей		
bmelenos validado	oF wysterfu H			

FOR STATE HEALTH DEPT. TO DEFOCK MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any Jelay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In American within 72 hours after death. VS. A15ME

5M 7/59

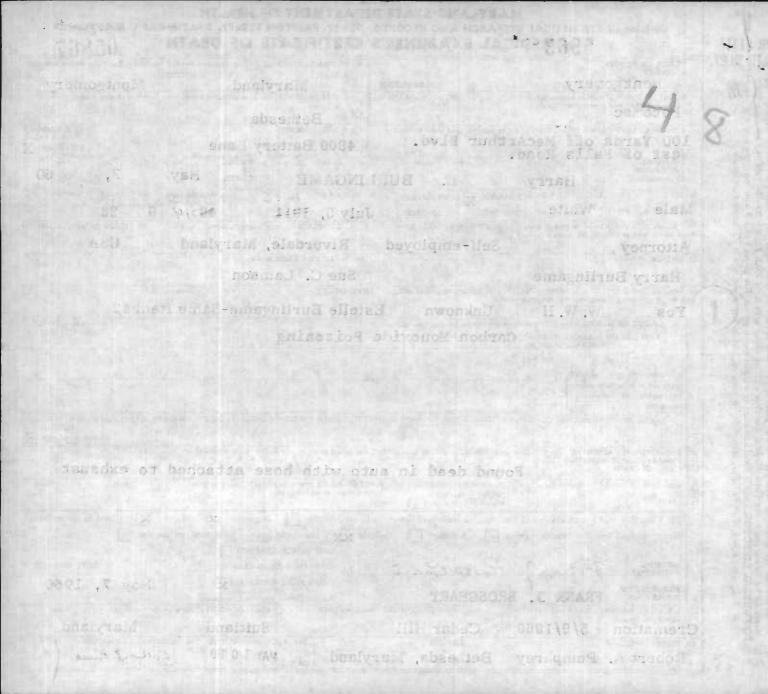
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

596 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15867

1. PLACE OF DEAT				II A tratera		mm and t	10 10			
e. COUNTY				e. STAT		CE (Where de	b. COU		sidence bet	ore admission;
Montg	omery		MARYLAN			vland	b. cool		tgom	erv
b. CITY OR TOWN	(if outside corporete lin	nits,	c. LENGTH OF STAY IN	1b c. CITY			orete limits, writ			
Potomac	d give neerest town)			110						
		III not in hon	mital missa etamat addams.	A d STDS	Bethes ET ADDRESS	sda			1.0	IS RESIDENCE
100 Vard	s off Mac	Arth	pital, give street eddress)							ON A FARM?
West of	Falls Roa	ad citt	at Drag.	4900	Batte	ry Lai	ne		YES	NO X
3. NAME OF DECEASED	Firs	it	Middle	Las	it	4. DATE	Mont	h	Day	Yeer
(Type or print)	Harry	7	L. BUI	RLINGA	ME	OF DEATH	May	7	,	19 60
5. SEX			D NEVER MARRIED	8. DATE OF 81			. AGE (In yeers			.,
Male	White		44			0	lest birthdey)	10-10-		
		WIDOWE		July 9,			48.44		28 Hou	
	TION (Give kind of wor orking life, even if retir		IND OF BUSINESS OR INDU	JSTRY 11. BIRTH	PLACE (Stete	or foreign cou	intry)	12. CITIZ	EN OF WH	AT COUNTRY
Attorney			lf-employed	Rive	erdale	, Mar	yland	Ţ	JSA	
13. FATHER'S NAME					R'S MAIDEN	-	0			
Harry R	urlingame			Sue	C. La	mson				
	VER IN U.S. ARMED FO	PCES2 16	SOCIAL SECURITY NO. 1	7. INFORMAN		1110011	Addres			
	(If yes give wer or detes of							44	35.65	
Yes	W. W. II			Estelle 1	Burlin	igame-	Same 1	tem #2		
			ine for (e), (b), end (c).]	S-120 -25						L BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Cart	on Monoxid	le Pois	oning				OINSE! A	IND DEATH
1972	DUE TO				71131	1 7 1				
Conditions, if en	1.0)								
(a), steting the	DIE TO)								
ceuse lest.) (c	:)							11-7	
Z PART II. OTHI	R SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART 1		
Ĕ									YES T	ERFORMED?
PART II. OTHI	AIISE WAS	20h DESCRI	BE HOW INJURY OCCURE	D /Enter neture of	injury In Par	t Lor Part II of	item 18 \		I IE3 [I NO IN
PRIMARY or C	ONTRIBUTING	ZUU. DESCRI							1.	
	•	Found						to ex	knaus	t
20c. TIME OF INJ	URY Month, Dey, Y		INJURY OCCURRED 200.	PLACE OF INJURY fectory, street, offi			or town)	(Count	у)	(Stete)
20c. TIME OF INJ Hour a.m.	19	While et wor	1401 111110	(00,01), 511001, 0111		"				
		of the rem	ains described above	held an Auto	psv 🗔	Inspection	N Inqui	ry 😿 .	and in m	y opinion
								. — —	0110 111 111	, opinion
deam resulted	from: Natural c	anses L.	Accident, S	GM6*	Homicide		determined m	ianner [
	1	0		CHII	EF MEDICAL I	EXAMINER _				
ACTUAL SIGNATURE_	Trans	h 13	northant	M.D. ASS	ISTANT MED	ICAL EXAMIN	ER 🔲		DATE	SIGNED
EXAMINER'S				DEPU	UTY MEDICAL	L EXAMINER	2	May	7. 1	960
NAME (Type)	FRANK J.	BROS	CHART	Add	Iress (Street, o	ity, town, or	county)	1100	', -	, 00
22e. 8URIAL, CREMATI		the same of the sa	22c. NAME OF CEMETERY				ION (City, town	, or country)		(Stete)
REMOVAL (Specificant)		30	Cedar Hill			Suitla	nd	Ma	rylan	Ы
Cremation 23. FUNERAL DIRECTO		0	ADDRESS		240 PEC	DUITIA		ISTRAR'S SIG	-	i Cd
		77		- mrrla mal		MAY 1 0 '		Talling &	4 -	
Robert A	. Pumphre	sy B	ethesda, Ma	aryland	DATE	IMI I U I		I'm wall ?	Thate	



VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5964

CERTIFICATE OF DEATH

05868

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Montg. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Germantown. Rural Germantown. Rural. d. NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T R F D #1 3. NAME OF Middle 4. DATE Month Yeor DECEASED Gideon Louis (Type or print) Bussard DEATH 19 May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Days Male White WIDOWED | DIVORCED | July 29-1880 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Resturant. (Owner Frederick Co.Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thaddues Tyson Bussard Prescilla Murphy IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Margarett M. Bussard. Germantewn.Md 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2 4 hrs IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO ster- much 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote foctory, street, office bldg., etc.) Hour o. m. While Not while p. m. ot work ot work 21. I certify that I attended the deceased fram. _, 19___,that I last saw the deceased and that death accurred at 11.155 M, from the causes and an the date stated above. alive an May ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) St. Marys Ernest C. Gartner. 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Gaithersburg. Md. arthur S. Kraus

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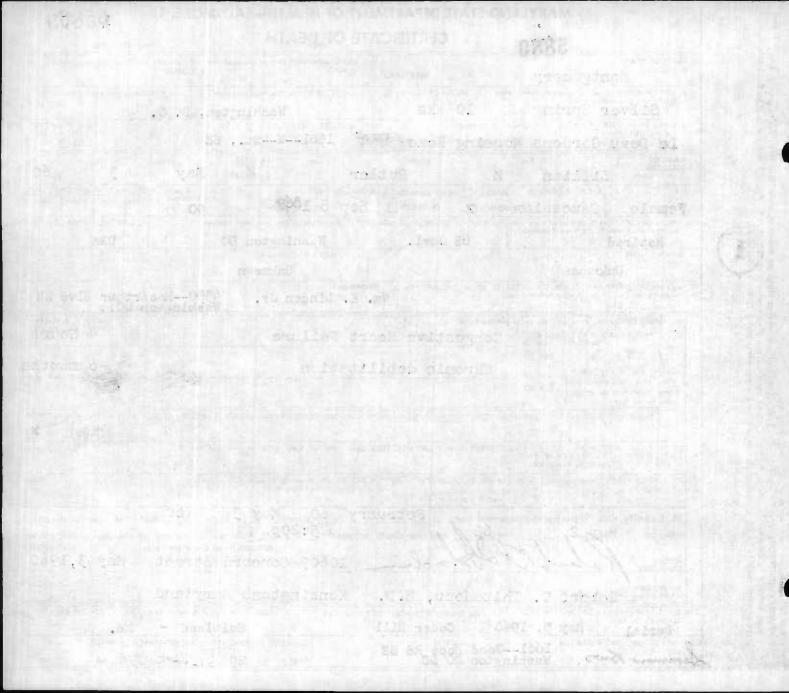
TO HOSPIT

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05869

	5880	CERTIFIC	ATE OF D	EATH			Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY	ntgomery	MARYLAND	2. USUAL RESID	DENCE (Whe	re deceased lived	b. COUNTY	on: Reside	nce befo	re odmiss	ion)
b. CITY OR TOWN (RURAL ond give n	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR T		tside corporate li			give nec	arest town	1) /X-:
OR INSTITUTION	TAL (If not in hospital, give street Gardens Nurs		d. STREET AI	DDRESS	-St., SE					FARM?
3. NAME OF DECEASED (Type or print)	Lillian M	Middle But	ler		4. DATE OF DEATH	May	th	3 00		Year 1960
s. sex Female	6. COLOR OR RACE 7. MARI		sep 8	1869	9. A0	GE (In years st birthday) 90 yrs.	IF UNDE Months	R 1 YEAR Days	Hours	Min.
10o. USUAL OCCUPATION during most of war Retire	ON (Give kind of work done 10b. rking life, even if retired) d	US Govt.	Wa	shing	ton DC	')	12. CI1	USA	WHATC	OUNTRY
3. FATHER'S NAME	nknown		14. MOTHER'S		novn					
IS. WAS DECEASED EVE Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16.		m. E. Lin	den J	r. 45	550Me	acArt ton D	hur	Blvd	NW
	ATH [Enter only one cause per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (o), (b), ond (c).] ongestive He	eart Fai	lure				INT	ERVAL BE	TWEEN
Conditions, if	immediate (D)	Chronic debi	litatio	n		100		(6 mo	nth
lying couse last.	the under-	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMIN	IAL DISEASE CON	NDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPS'
PART II. OTH	AS UNDERLYING 20b. DES	? . CRIBE HOW INJURY OCCURRI	ED. (Enter nature of	injury in Po	ort I or Part II of	item 18.)			YES	NO-
-	RY Month, Doy, Year 20d. I	NJURY OCCURRED 20e. P	LACE OF INJURY (I	dome, farm, bldg., etc.)	20f. (City or to	awn)		(County)		(Stote
1	May 2, 19		12 19 60 h accurred a 1060	:20p,	A, fram the DDRESS (Street, neord S	causes an	state)	e date	stated	abave
	Robert T. Thi				ono Mar					
220. BURIAL, CREMATIC REMOVAL (Specify Burial	May 5, 1960	22c. NAME OF CEMETERY C	1		Suit1	and	M	ld.	(Stat	e)
23 FUNERAL DIRECTOR	1001	ood Hope Rd SE ton 20 DC		24a. REC'D	BY REGISTRAR	24b. REGI	STRAR'S S		RE	



24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Circling S. Through

10 VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

death

diction. There were the state of the sta - A Translation of the Control of th AND REAL PROPERTY AND AND AND ASSESSMENT OF Vicinity street The second secon

VS A1S (4) 1SM 9/S8

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law requires that the deoth certificate be executed within 24	ysic	s been signed by the attending physician and completely filled in by the funeral directar,	1-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5966 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

05871

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Mon	tgomery		MARYL	AND	2. USUAL RESIDENCE (WHO O. STATE Maryla			Balt	e before odm	ission)
b. CITY OR TOWN (RURAL ond give n	If outside corporate limit	, write	c. LENGTH OF STAY II	V 1b	c. CITY OR TOWN (If o	utside corpo	rote limits, write RI	JRAL and g	ive nearest ta	wn)
Bethesda	ediesi iowii)		12 days		Baltimore 2	9,			03X	-2.
d. NAME OF HOSPI	TAL (If nat in haspital, gi	ve street		177	d. STREET ADDRESS					ESIDENCE A FARM?
	cal Center,			d.	4309 Kensin	gton I	Road			NO 🖸
3. NAME OF DECEASED	Firs		Middle		Last	4. DATE	Moni	th	Day	Year
(Type or print)	Joh	n	Earl		Castle	DEATH	Ma	У	10,	1960
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		8. DATE OF BIRTH	905	9. AGE (In years lost birthday) 5 4yrs.	IF UNDER	YEAR IF UN	DER 24 HRS
Male	White	WIDOWI	ED DIVORCED		November 24.	DYSOM	X53 54/15	Months	Days Hour	s Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d king life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (State	or fareign c			EN OF WHAT	
		t. G	as & Electr	ic	Co. Pennsyl	vania			U. S. A	4.
13. FATHER'S NAME					14. MOTHER'S MAIDEN N		2.51			17-4
Joseph Ca	stle				Mary I. Ki	ssuel				
15 WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	1	NFORMANT The Med		Record Addr	ess		
No	(If yes, give wor or dates of ser		15-10-9813	1	he Clinical C				Marvla	and
7	ATH Enter only one cou					011 001	20011000		INTERVAL	8ETWEEN
	TH WAS CAUSED BY:		Intracrania	1 R	leading				ONSET AN	D DEATH
200	IMMEDIATE CAUSE (o).		ATTOL GOT GILTER		LUCALIE				-4 1	10415
Conditions, if o	13		Reticulum C	-17	Sancoma				7 ,	vear
gave rise to i	mmediate (O)		ite off a family	CTT	Dai Coma					real
lying cause lost.										
	HER SIGNIFICANT CONF	ITIONS (CONTRIBUTING TO DEAT	TH RUT	NOT RELATED TO THE TERMI	NAI DISEAS	F CONDITION GIV	EN IN PART	1(a) 19 WA	S ALITOPSY
CATIC								LIN IIN I AKI	PERF	ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in I	Part I or Por	t II of item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	RY Month, Day, Yea 19	While	NJURY OCCURRED Not while k ot work	20e. PL fac	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	, 20f. (City	or town)	(C	aunty)	(Stote)
21. I certify th	nat I attended the	deceas	ed fram April	28	, 19 60, ta Ma	y 10.	, 19.60	that I las	st saw the	deceased
					accurred at 8:25p					
	0						treet, city or town,			ATE SIGNED
ACTUAL	Lowrence C	2	Haydow		M.D. The Clini	cal Ce	enter		5-10	0-60
		/	//		National			Healt.		
PHYSICIAN'S NAME (Type)	LAWRENCE A.	GAYL	oos, M.D.		Bethesda	14. Ma	aryland			
	ON, 22b. DATE THEREO		22c. NAME OF CEMET	ERY O			TION (City, town, c	or county)	(St	ate)
REMOVAL (Specify) Burial	5/14/6	0	Loudon F	an	k Cemetery	Re'	Itimore	Man	arland	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	7	24a. REC'	D 8Y REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	
Howard H	. Hubbard	RMI			ens Avenate	MAY 1	3 '60	arthur	S. Krau	4

9 '8 'A 2005 NICE THE PARTY NAMED IN Amarian pipe fighter a Marsello No. | Resemptions forms El. I these Bright of the south of the sout C.U. COURT OF SAME SHOP Burial 5/4/60 Loudon Bark Cemeters Baltimore, Maryland Howard H. Hubbard runnant Williams Ave. of the brade in the

05872

VN (If outside corporate ling to accress town) SINGTON DSPITAL (If not in hospital, ON Kensingtor		LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpo	. It to to Di		
OSPITAL (If not in hospitol, ON Kensingtor				211	VER SPI		JRAL and give n	sarest fown)
	Garde	ns Rest H	ome	d. STREET ADDRESS 12,800 F1	ack St	reet		e. IS RESIDENCE ON A FARM? YES NO
RUSSEI	irst L	Middle K.		Lost CAULK	4. DATE OF DEATH	MAY	th C	Pay Yeor 1960
6. COLOR OR RACE WHITE	TVO TRICE					9. AGE (In years lost birthday) 84 yrs.	Months Doys	R IF UNDER 24 HI Hours Min
PATION (Give kind of work working life, even if retire RETITED	done 10b. Kli	ND OF BUSINESS O	OR INDUSTRY	MARYLAND	e or foreign c	ountry)		S.A.
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EVER IN U. S. ARMED FO	RCES? 16. SC	NONE	2000		ulk. 1			
ting the <u>under</u> DUE T	(c)	NTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERA	AINAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPS
TING CAUSE OF DEATH	1	BE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Por	t II of item 1B.)		YES NO
. m.	ear 20d. INJI While of work [Not while of work				or town)	(County	(Sto
	al) attended	/ /					_	
marie	Pen			ATTENDING	AED.	STAFF PHYS.	5-2	4-60 SIGNI
	Peri	ry		11602 G	corgi	a Ave:	Silver Sp	ring Mo
ATION, 23b. DATE THERE BURIAL 5/2							or county)	(Stote)
THE STATE OF IT OF IT IN THE STATE OF IT IN THE STA	PATION (Give kind of work of working life, even if retired Relifed Patients of Relifed	WHITE WIDOWED UPATION (Give kind of work done of working life, even if retired) RELITED IE BECAULK DEVER IN U. S. ARMED FORCES? I6. SC (If yes, give wor or date of service) FOEATH [Enter only one couse per line of the limit of	WHITE WIDOWED DIVORCE IPATION (Give kind of work done of working life, even if refired) RELITED ARE I B. CAULK EDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NONE IF DEATH [Enter only one couse per line for (o), (b), ond (c). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO I TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DE OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR	WHITE WIDOWED DIVORCED DIVORCED DIVORCED DIPATION (Give kind of work done of working life, even if retired) RELITED B. CAULK DEVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. I.7. INFO (If yes, give wor or dotes of service) NONE F DEATH [Enter only one couse per line for (o), (b), ond (c).] I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OTHER SIGNIFICANT CONDITIONS CONTRIBU	WHITE WIDOWED DIVORCED 10/9/75 IPATION (Give kind of work done for work done for working life, even if retired) IPATION (Give kind of work done for work done for working life, even if retired) IPATION (Give kind of work done for work done for working life, even if retired) IPATION (Give kind of work done for working life, even if retired) IPATION (Give kind of work done for work done for work done for work done for working life, even if retired) IPATION (Give kind of work done for work done for work done for working life, even if retired) IPATION (Give kind of work done for	WHITE WIDOWED DIVORCED 10/9/75 PATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign of MARYLAND RELIFIED TO BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign of MARYLAND RELIFIED TO BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign of MARYLAND RELIFIED TO BUSINESS OR INDUSTRY 11. MARY E. KIRBY 14. MOTHER'S MAIDEN NAME MARY E. KIRBY 14. MOTHER'S MAIDEN NAME MARY E. KIRBY 15. DEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MT. HATTY O. Caulk, 1 SILVET I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO COLOR OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS OF DEATH OTHER MEDICAL EXAMINER) 15. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port of Mother Developed of Work o	WHITE WIDOWED DIVORCED 10/9/75 lost birthdoy) 84 yrs.	WHITE WIDOWED DIVORCED 10/9/75 10st birthdoy) 10st

may be tensined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. the State Board of Health priar to burial, cremation, or remaval, TO HOSPI VR A1S (4) 1SM 9/S9

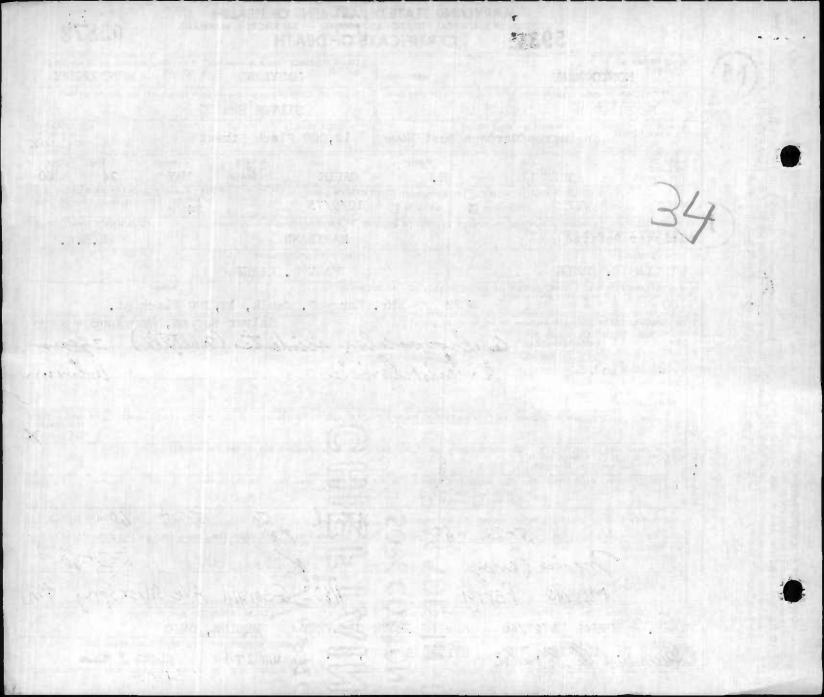
the attending physician and campletely filled in by the funeral director, Then please remave carbon popers. Pages 1 and 2 shauld be filed with

and in any event, within 72 haurs after death

Page

after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



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ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18	05873
5967	CEDTIEICATE	OF	DEATH		1.00.0

			CERTII	ICA	IL OI DEAT			Reg. D	Dist. No	,	
1. PLACE OF DEATH a. COUNTY Montgomery			MARYL		o. STATE Florida	Vhere decease	ed lived. If institution b. COUNTY	on: Reside	ence befo	are admiss	sion)
b. CITY OR TOWN (RURAL and give n	If autside corporate lim	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	outside corpo	orate limits, write R	URAL and	give ne	orest town	n)
Bethesda	ediesi iowiij		44 days		Fort Piero	e			4	8X.	-3
d. NAME OF HOSPI'	TAL (If not in hospital,	give street	address)		d. STREET ADDRESS				94		SIDENCE A FARM?
The Clinic	al Center.	Beth	nesda 14. Mo	d.	1817 South	31st	Street	4			NO [
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Man	th	Do	зу	Year
(Type or print)	Ash	ton	Van		Charles	OF DEATH	Ma	V	2	5	1960
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 8.	DATE OF BIRTH		9. AGE (In years		1		ER 24 HRS.
Male	White	WIDOW	ED DIVORCED		January 23.	1956	last birthday)	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OF	RINDUSTR	Y 11. BIRTHPLACE (Stat	e ar fareign a	cauntry)	12. C	ITIZEN C	OF WHAT	COUNTR
Child	king me, even il temec	3)	None		Ohio			1	J. S	. A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Ashton Cha	rles				Mildred I	Lewis					
15. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17. INF			Record Add	ress			
No	(it yes, give war or cores or	services	None	The	Clinical C				Ma	rvlar	nd
18. CAUSE OF DEA	ATH [Enter anly one co	ause per li	ne far (a), (b), and (c).]						INT	ERVAL BE	ETWEEN
PART I. DEA	TH WAS CAUSED BY:	. Mas	sive gastro	inte	stinal hemo	nnhago			ON	SET AND	DEATH
2011	DUE TO		Dave gabere	/111001	JULITAL HEHIO.	TIHASE					
Cardinaria		200	ta lamahati	- 3	alesmé s						
Canditians, if a	mmediate (,	te lymphati	c Tel	ikemia				-		
cause (a), stating	the under-	9									
lying cause last.		c)	ON ITRIBUTING TO DEA	711 D117 N1	27 DEL 4770 PO 7.17 770						
±	illosis	ADITIONS C	ONTRIBUTING TO DEA	IH BUT NO	OT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(0)	PERFC	NO [
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part For Par	rt II af ilem 18.)				
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, for	m, 20f. (Cit	y ar tawn)		(County)		(State)
Haur a.m.	19	While at wor	Not while	tactar	ry, street, affice bldg., et	lc.)					
	at I attached the	1		רר ר	, 19 <u>60</u> , ta_N	1037 OF	1060			.1	
2.0	0-1										
alive an_Maj	43	, 19_5	20, and that	deoth o	ccurred at 11:30				the do		
ACTUAL (houles	2	Mena	l,	m1 02 44		treet, city or tawn,	state)		ال ہے	ATE SIGNE
SIGNATURE	4000000			M.I						5/	20/00
PHYSICIAN'S NAME (Type) C	HARLES E. I	MENGE	L, M. D.		National Bethesda			Healt	th		
220. BURIAL, CREMATIC		OF/	22c. NAME OF CEME	TERY OR C			TION (City, Jown, o	or county)		(Stat	le)
DEMOVAL (Specify)	13/27/	60				50	0785	HA	PI-	K	14
23. FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS	7 1	24a. REC	D BY REGIS	TRAR 24b. REGIS	TRAR'S S	IGNATU	RE	1
111.1111 /6	mukers &	· due	. 1400 Ph	Mun	IT MIN DATE	MAY 3 1	1 '60	arthur	1 8. 1	hun	

DOT THE MILLAR HELDER TO TREATHAGE STATE OF LEALTH BALTIMOTERS. portrolla sales

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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1.	PLACE OF DEATH a. COUNTY Montgomer	Montgomery Marylan						f Colu	lived. If institution in the country	on: Resider	nce befor	e admiss	sion)
	Bethesda		ts, write	c. LENGTH OF STAY IN	l lb	c. CITY OR TO			ote limits, write R	URAL ond	give neo	rest town	1)
	OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS 6210 Newburn Drive 6210 Newburn Drive 6210 Newburn Drive							FARM?
	NAME OF DECEASED (Type or print)	Fir Job		Middle Myrick		Lost	RY	4. DATE OF DEATH	Mon Ma.		Day	,	Yeor 19 60
	sex lale	6. COLOR OR RACE Caucasian	7. MAR	RIED NEVER MARRIED		5-12-10		1	9. AGE (In years lost birthdoy) 50 yrs.	IF UNDER	Days		ER 24 HRS. Min.
10c	. USUAL OCCUPATI		one 10b	KIND OF BUSINESS OR Om. Art Stud	INDUST	TRY 11. BIRTHPLA	CE (Stote				IZEN OF		L COUNTRY?
13.	John M. C	HERRY				Grace							
15. (Ye	WAS DECEASEDEV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		spital R	ecor	ds	Add	ress			
CATION	Conditions, if gove rise to cause (a), stating lying couse last	the under-		CONTRIBUTING TO DEAT		NOT RELATED TO T				VEN IN PAI	RT 1(o) 11	9. WAS PERFO YES	DRMED?
MEDICAL CERTIFI	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Day, Yea		Nat while	0e. PLA	CE OF INJURY (He ory, street, office I	ome, form	n, 20f. (City		(County)		(Stote)
	21. I certify th	at (I) (BEXCHARAGE) AND MARKET MARKE	y 18	ded the deceased fi	hat de	ATTENDING PHYS. 22d. ADDRES	ot 4:	FD. Fram	he couses and STAFF PHYS. pital, B	d on th	e date	stoted 22 -19-	above. b. DATE SIGNED
230	BURIAL, CREMATI REMOVAL (Specify BURIAL) FUNERAL DIRECTOR	5-23-00		23c. NAME OF CEMET Arlington ADDRESS	Nat	ional	25a. REC'		ngton RAR 25b. REGI	or county)	-	(Stot Sinia RE	
R	A. Pump	hrey Funera	1 Ho	me, Bethesda	1, M	d.	DATMAY	23 '60	0.1	1.00	A.		

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H. D. MOLEN, LT. No. 4821 . T. S. Sayel Maphell, Sechest, 14.

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A. A. Majaling Superal Bone, bethinked, Ma. H. C. and I for the control of the

director,

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MARYLAND STATE DEPARTMENT OF HEALTH

5969 SIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE C	VTY		ns I	2 8: 14 F21 MARYLA	AND	2. USUAL RESIDENCE (V STATE Florida	Where deceas	ed lived. If institu b. COUNT		ce before	e admissi	ion)
b. CITY RURA	tgomery OR TOWN (If outside L ond give negrest to nesda (Rur	wn)	write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (III	f outside corp	porote limits, write	RURAL ond	give near	rest town	3
d, NAM OR II	E OF HOSPITAL (IF no NSTITUTION B. Naval H	ot in hospital, give	e street a	~ ~		d. STREET ADDRESS 1021 West	3rd S	treet				FARM?
3. NAME O DECEAS (Type or	ED	First Willi	.am	Middle Owen	n	CHESSER	4. DATE OF DEATI		onth Ly	Day 1		Year 19 60
5. SEX Male		lor or race 7		ED NEVER MARRIED DIVORCED		8-3-08		9. AGE (In years lost birthday) 51 yrs	Months	1 YEAR Doys	Hours	Min.
during	most of working life,	e kind of work do even if retired)		S. Navy	INDUST	RY 11. BIRTHPLACE (Sto Georg: 14. MOTHER'S MAIDEN	ia	country)	100	.S.A		OUNTRY
	Unk	nown				U	Inknow	n				
15. WAS DI (Yes, no. or u Yes	ECEASED EVER IN U.	S. ARMED FORCE ve war or dates of serv	ice)	64-01-0718		ormant spital Reco	rds	bA	dress			
gove	ditions, if ony, wherise to immedia (o), stoting the und couse lost.	DIATE CAUSE (6)_ DUE TO ich ote er- DUE TO (c)_	De Pu	elirium tren almonary empontributing to DEAT	mens phys			SE CONDITION G	IVEN IN PAR	2	PERFO	ys
20a. A OR CO (IF EITI	CCIDENT WAS UNDI INTRIBUTING CAL HER, NOTIFY MEDICA	ERLYING 2 JSE OF DEATH AL EXAMINER)	0b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter noture of injury i	in Port I or Po	ort II of item 18.)				
	AE OF INJURY Mon four o.m. p.m.	th, Doy, Yeor	20d. IN While of work	Not while		CE OF INJURY (Home, fo pry, street, office bldg., e		ty or town)	(0	County)		(Stote
22c. Pt	ertify that (I) & the deceased ali GNATURE	we an Apri	1.30	ed the deceased f 2.19.60, and t T, MC, USNI	hat de	ath accurred a	MED. DIRECTOR	staff PHYS.	ind an the	e date	stated 22t 5-2-	v las
REMO	L, CREMATION, 23b	DATE THEREOF)	23c. NAME OF CEMET	TERY OR	CREMATORY		ATION (City, town	, or county)	Fl	(Stot	_
24. FUNER	L DIRECTOR SSIGN	// //	Come,	ADDRESS 1400 Chap:	***		C'D BY REGI	STRAR 25b. REC	SISTRAR'S SIG			

The state of the s LEOLIDE LINES d. B. May Line of the least the land of the least CON CULT, EV. LONGY HOUSE . A. Sester, and the first the second THE REPORT OF THE PARTY OF THE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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s after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05876

5970 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgo	mery	MARYLAND	2. USUAL RESIDENCE (Where do Maryland	eceased lived. If institution b. COUNTY	n: Residence before admission) Montgomery
b. CITY OR TOWN (RURAL ond give no	If outside corporate limits, w	rite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside		RAL and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give s	street oddress)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM? YES PNO
3. NAME OF DECEASED (Type or print)	EMIL	DARBY BA	20001 110011 0	DATE Month	Day Year 7 1960
s. sex Female		MARRIED NEVER MARRIED DOWED MONTH	8. DATE OF BIRTH Oct.24-1880	9. AGE (In years) lost birthdoy) 79 yrs.	F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION during most of work Housewill	king life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Store or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Remus 1	R. Darby		Antionette	e Chiswell	
15. WAS DECEASED EVE		7 16. SOCIAL SECURITY NO.	INFORMANT	Addre tt, Poolesvi	
Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTH 200. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mediate the under- HER SIGNIFICANT CONDITION TO THE CAUSE OF THE	ONS CONTRIBUTING TO DEATH BU	NAL SYND S CARCINUM A IT NOT RELATED TO THE TERMINAL E LED. (Enter noture of injury in Port I	OF LIVE	2-years 2-years 1-years N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M
20c. TIME OF INJUR Hour o. m. p. m.	V		octory, street, office bldg., etc.)	f. (City or town)	(County) (Stote)
21. I certify the alive an	John Fawce	1960, and that deat			hat I last saw the deceased I on the date stated above. DATE SIGNED LLO LLO LLO LLO LLO LLO LLO L
220. BURIAL, CREMATIC REMOVAL (Specify) Buri	al May 10-19	22c. NAME OF CEMETERY Monocacy		LOCATION (City, towh, or Beallsville	
23 FUNERAL DIRECTOR	S SIGNATURE Hill	Barnesville	, Md 240. REC'D BY		TRAR'S SIGNATURE

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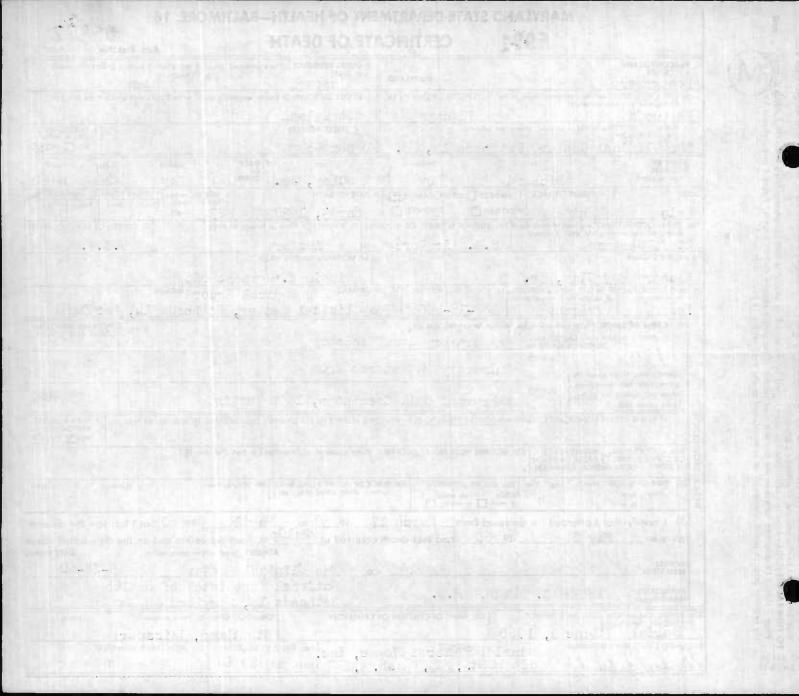
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

05877

0011	<u> </u>			Reg. [	Dist. No.
1. PLACE OF DEATH  o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Missouri		d. If institution: Residence Lamder	V
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate li	imits, write RURAL one	d give nearest town)
Bethesda	72 days	Stoutland		1000	62x-3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENT
The Clinical Center, Beth	nesda 14. Md.	Box 56			YES NO
3. NAME OF First	Middle	Lost	4. DATE	Manth	Day Yeor
(Type or print) Richard	Roy	Clay. Jr.	OF DEATH	May	28 19 6
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AC		R 1 YEAR IF UNDER 24
Male White WIDOW		May 3, 1937	23	yrs.	Doys Hours M
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole of	or foreign country	) 12. C	ITIZEN OF WHAT COU
	S. Air Force	Missour	i		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME		
Richard Roy Clay, Sr.		Minnie E.	Ravenscr	roft	
	SOCIAL SECURITY NO. 17.	INFORMANT The Med			
		ne Clinical Ce			, Maryland
IB. CAUSE OF DEATH [Enter only one cause per li					INTERVAL BETWEE
the first term of the first of	spiratory Insu	fficiency			ONSET AND DEAT
DUE TO					
	lmonary Metast	ases from			
gove rise to immediate					
couse (o), stoting the under-	bryonal Cell C	arcinoma, left	Testis		6 Mont
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	NDITION GIVEN IN PA	RT 1(a) 19. WAS AUTO PERFORMED YES 12. NO
200. ACCIDENT WAS UNDERLYING [   20b. DES OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	art I or Part II of	item 18.)	
Hour o. m. While	NJURY OCCURRED 20e. PL Not while k of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or to	wn)	(County) (S
21. I certify that I ottended the deceas		7 , 19 60, to	May 28	. 19 60 that I	lost sow the dece
olive on May 28 , 19	60 , and that death	occurred ot 2:10p	M. from the	causes and an	the date stated of
11 0 0	-11			city or town, stote)	DATE SI
SIGNATURE SOLOCO	Thans	Mp. The Clin	ical Cen	ter	5-28-60
PHYSICIAN'S CORDON C SHAR	n w n //	National	Institu	tes of Hea	alth
PHYSICIAN'S GORDON C. SHAR	P, M.D.//	Bethesda			
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			(City, town, or county)	(State)
Burial June 3, 1960				d. Misson	
	di Funeral Ho	me Inc 24a. REC'D	BY REGISTRAR	24b. REGISTRAR'S S	
Milast Kiralde 816 H	St., NE, Wash	a. 2. DC DATE M	AY 3 1 '60	arthur	S. Krous
				.1.	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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CEPTIFICATE OF DEATH

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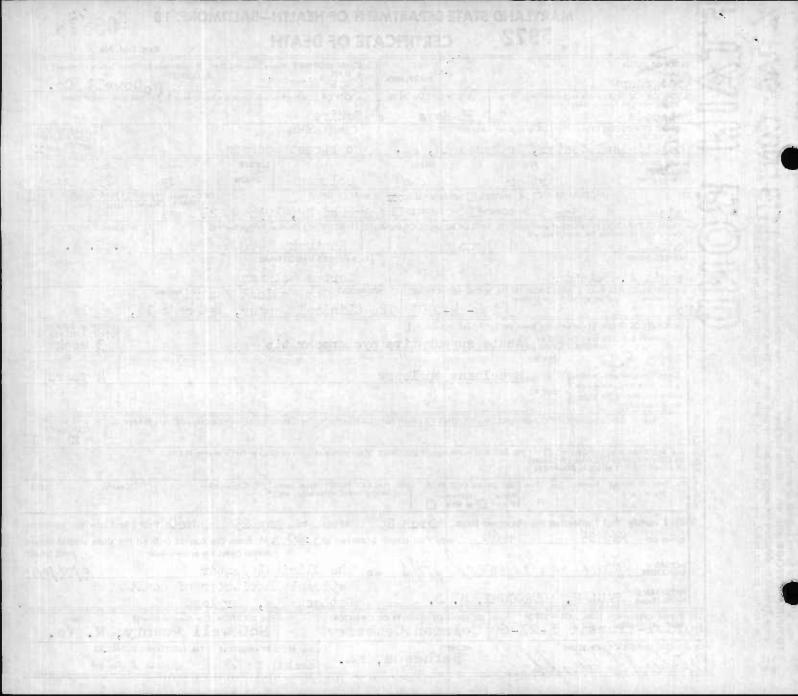
CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY MARYLAND Montgomery West b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Squire d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Center. Bethesda 14. Md. Clinical No street address YES NO TO First Middle 4. DATE DECEASED 1960 (Type or print) Arthur DEATH None Coleman Mav 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours WIDOWED | August 22, 1938 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None Kentucky U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Coleman Jessie A. Coleman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. (Yes no or unknown) The Clinical Center, Bethesda 14, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH IMMEDIATE CAUSE (a) Acute suppurative pyelonephritis 3 weeks DUE TO Myoclonus epilepsy Conditions, if any, which u vears gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while at work at work 21. I certify that I attended the deceased from March 28 , 1960, to May 25 , 1960, that I last saw the deceased , and that death accurred at 5:00 AM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL The Clinical Center National Institutes of Health PAUL H. ALTROCCHI, M. D. NAME (Type) Bethesda 11. Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 5-27-60 Coleman Cemetery McDowell. County, W. Va.

23. FUNERAL DIRECTOR'S SIGNATURE

Bethesda, Md.

DATE MAY 3 1 '60

24b. REGISTRAR'S SIGNATURE



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	COUNTY	MONTGOMER		MARYLAND H OF STAY IN 1b	a. STATE MARYI		b. COUNTY	10000	GOMER	Y
D,	RURAL and give no SILVER			month	c. CITY OR TOWN (IF	SILVER SP		WAL and giv	e negresi ic	wnj
, d.	OR INSTITUTION	TAL (If not in hospitol, give 2902 Lindell			d. STREET ADDRESS 2902 ]	Lindell S	treet		10	RESIDENCE I A FARM?
D	AME OF ECEASED ype ar print)	First WILLIA	M	Middle	COLLIE	4. DATE OF DEATH	Man	oth	Day 19	Year 1960
5. SE	X	6. COLOR OR RACE 7.	MARRIED NEV	VER MARRIED DIVORCED	B. DATE OF BIRTH 10/14/88	lo lo	GE (In years ast birthday) 71 yrs.	Months D	YEAR IF UN	
-	USUAL OCCUPATION  during most of work  rdener	ON (Give kind of work don king life, even if retired)	Garden		STRY 11. BIRTHPLACE (Stote		у)		S.A.	TCOUNTRY
13. F	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	Robert	W. Collie			Barbara	M. S. Gla	ass			
1		ATH [Enter anly ane cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		b), and (c)-]	Y HROM	130513	a. Spr	2115 11	HALFKAMP	BETWEEN NO DEATH
	Canditions, if of gave rise to it cause (a), stating lying cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  To the under:  DUE TO  DUE TO  (c)	COA	ZONAR	T NOT RELATED TO THE TERA	8050			(o) 19. WA	AS AUTOPS'
RTIFICATION	PART I. DEA  Conditions, if o gave rise to i cause (a), stating lying cause lost.  PART II. OTI	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  The mind of the under.  HER SIGNIFICANT CONDITION  ATH WAS CAUSED BY:  (b)  DUE TO  (c)  HER SIGNIFICANT CONDITION  ATH WAS CAUSED BY:  (b)  DUE TO	TIONS CONTRIBUTI	ING TO DEATH BUT		MINAL DISEASE CO	NDITION GIV		(o) 19. WA	NO DEATH
L CERTIFICATION	PART I. DEA  Conditions, if o gave rise to i cause (a), stating lying cause lost.  PART II. OTI	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  DUE TO  CO  HER SIGNIFICANT CONDIT  AS UNDERLYING  CAUSE OF DEATH  MEDICAL EXAMINER)	TIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE CO	NDITION GIV	VEN IN PART T	(o) 19. WA	AS AUTOPS:
MEDICAL CERTIFICATION	PART I. DEA  Conditions, if o gave rise to i cause (a), stating lying cause lost.  PART II. OTI  PART II. OTI  OR. ACCIDENT W. OR CONTRIBUTING IF EITHER, NOTIFY  OC. TIME OF INJUE Hour o. m. p. m.	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  DUE TO  ONLY, which mediate the under.  HER SIGNIFICANT CONDITION  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Year  19  21 (1) (this haspital) of	TIONS CONTRIBUTIONS CONTRIBUTI	ING TO DEATH BUT  / INJURY OCCURRE  CURRED 20e. PL for for the property of the	D. (Enter nature of injury in ACE OF INJURY (Home, far ctary, street, affice bldg., et death accurred at ATTENDING	MINAL DISEASE CO	f item 18.)  awn)  Gauses and TAFF HYS.	(Co., 19	ONST A)  (o) 19. W/PEF YES  unty)  . that (I date stat	S AUTOPS FORMED? NO (State) (we) la ed abaye 22b DATE 22b DATE 3 FORMED?

ofter death. Page 4 **DR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 med by the haspital ar attending physician.

TO HOSPII VR A15 (4) 15M 9/59

SISTRAR'S SIGNATURE Criting S. Kraus

DATE MAY 2 4 '60

CALL OF STATES decorate the same same CORCHARY HARMOUSIS 14 MAY 60 14 MAY 960 5/20/60 Miletal Alman Company of the many waster with the state of the state o  MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Williams, Smith	LOSTING TO THE THE		TOXES WELL
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after death. Page

after death

within 72 haurs

the registrar priar to burial, cremation, ar remayal, and in any event

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5973 **CERTIFICATE OF DEATH** 

(15881 eg. Dist. No.	
Residence before admission) ontgomery	
AL and give nearest town)	
IC BECADENIA	-

1. PLACE OF DEATH o. COUNTY  Montg	omery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery					
	(If autside carporate limits, wi nearest tawn)	c. LENGTH OF STAY IN 16  3 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 43Bethesda					
d. NAME OF HOSP OR INSTITUTION	Suburban	/ d. STREET ADDRESS 4630 Edgefield Rd.				e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Addie	Middle	COLVIN	4. DATE OF DEATH	Manth May	Day 27	Year 19 60	
5. SEX <b>Fe</b>		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	873 9. AG	E (In years birthday) Manth	DER 1 YEAR IF U	1	
13. FATHER'S NAME  15. WAS DECEASED EV (Yes, na) or unknown)  18. CAUSE OF DE PART I. DE  Canditions, if gave rise to cause (a), stating	the under-	7/		e Pri'd nColvia	1 More Addrey J-	onst A	BETWEEN AND DEATH AYS	
ZOF PART II. OT	/ (0)	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN F	PE	AS AUTOPSY RFORMED?	
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Port I ar Part II af i	tem 18.)			
ZOc. TIME OF INJU Hour a. m. p. m.	, W		LACE OF INJURY (Hame, bottary, street, affice bldg.,		vn)	(Caunty)	(State	
21. I certify to alive an 5	hat I attended the dec 127/60 John E.	. , , , ,	, 19, ta h accurred at <b>Lt:3</b>	5/27/60 DDM, from the c ADDRESS (Street, co	auses and on	last saw the the date sta	decease ted abave DATE SIGNE	

PHYSICIAN'S NAME (Type) John E. Everett, M.D. 9400 Conn. Ave. Kensington, Md. BURIAL, CREMATION, 22b. DATE THEREOF 22GINAME OF CEMETERY OR CREMATORY

23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE MAY

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(Stote)

TO HOSP! VS A15 (4) 15M 9/58

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5974 CERTIFICATE OF DEATH

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PLACE OF DEATH o. COUNTY	Montgomery	MARYLAN	2. USUAL RESIDENCE (WAR a. STATE Maryla	- h	COUNTY	tgomery	
b. CITY OR TOWN (I RURAL ond give ne Olney	If outside carporate limits, write eorest lown)	c. LENGTH OF STAY IN 1	10				
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Montgomery County General Hosp.			d. STREET ADDRESS	d. STREET ADDRESS			
NAME OF DECEASED (Type or print)	Estelle	Middle N •	Costello	4. DATE OF DEATH	Month May	22 Yeor 1960	
SEX Female	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED			(In years birthday) Manths	R 1 YEAR IF UNDER 24 HI Doys Hours Min	
	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote Virgini			TIZEN OF WHAT COUNTR	
FATHER'S NAME	own James E. 1	Newton	14. MOTHER'S MAIDEN N		Sarah C	soper	
	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		Margaret Shi	bler	Address Rockvi	lle, Md.	
	ATH [Enter only one cause per the ATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	ne for (a), (b), and (c).	Myocardist	Infe	retur	ONSET AND DEATH	
PART I. DEA Conditions, if of gove rise to i couse (a), stoting lying cause lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Only, which (b)  mmediate the under:  (c)	ente " ardeovose alerio.	Myocardial	Infe	disc	ONSET AND DEATH	
Conditions, if of gove rise to i couse (a), stoting lying cause lost.  PART II. OTh	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  DUE TO  DUE TO  Cc)  HER SIGNIFICANT CONDITIONS (C)	Cutle Mandewase Contributing to DEATH			Media	ONSET AND DEATH	
Conditions, if digove rise to i couse (a), stoting lying cause lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  DUE TO  CO  HER SIGNIFICANT CONDITIONS CO  AS UNDERLYING  CO  CAUSE OF DEATH  MEDICAL EXAMINER)	Cutle Mandewase Contributing to DEATH	Myocardial  Collighia  BUT NOT RELATED TO THE TERM  RRED. (Enter noture of injury in		Media	ONSET AND DEATH  2 Cons  RT 1(a) 19. WAS AUTOPS PERFORMED?	
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PART I. DEA  Conditions, if of gove rise to i couse (a), stoting lying cause lost.  PART II. OTH  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a. m. p. m.  21. I certify the saw the deced: 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Iny, which mediate the under:  AS UNDERLYING (c)  CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Day, ear 20d. II While of wor cot (1) (this hospital) attence.	CONTRIBUTING TO DEATH  CRIBE HOW INJURY OCCU  NJURY OCCURRED  The death of the deceased from the decea	PLACE OF INJURY (Home, form foctory, street, office bldg., etc  m	Port I ar Port II of i	tem 18.)  . 2 2 , 19 ouses and on the state of the state	ONSET AND DEATH  ONSET	

may be recoined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A1S (4) 1SM 9/59

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rs after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tems 8,9 FilmG263 5-20-60 et CERTIFICATE OF DEATH

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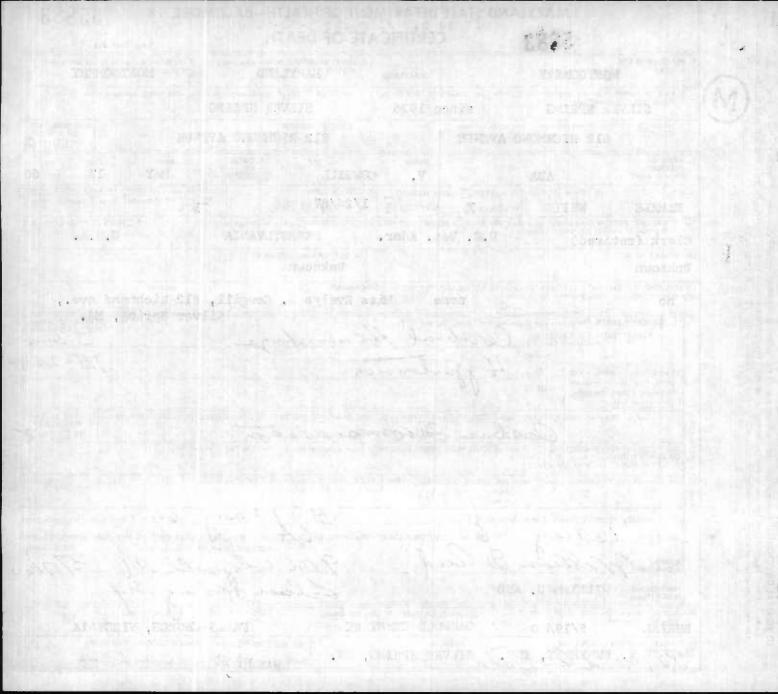
Pag Diet No

	0000						keg. Dist. 14	O.	
1. PLACE OF DEATH o. COUNTY	MONT GOMERY		MARYLAND	2. USUAL RESIDENCE a. STATE MARY			n: Residence be MONTGON		sion)
b. CITY OR TOWN RURAL and give SILV	N (If outside corporote limits, e nearest town) ER SPRING		th of stay in 16 ce 1926		VER SPR	orote limits, write RU LNG	IRAL ond give n	earest town	n)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, giv 812 RICHMOND	AVENUE		/ d. STREET ADDRE 812 R	ss ICHMOND	AVENUE			FARM?
3. NAME OF DECEASED (Type or print)	First ADA		Middle V •	Lost COWGILL	4. DATE OF DEATH	Montl MA		F1	Year 19 60
5. SEX FEMALE		· MARRIED NE	DIVORCED	B. DATE OF BIRTH 1/24/8/7 18	86	9. AGE (In years last birthdoy)	Months Doys	-	Min.
during most of v	ATION (Give kind of work do working life, even if retired) tired)		et. Admr.		State or foreign of SYLVANIA		12.CITIZEN	OF WHAT	OUNTRY?
13. FATHER'S NAME UNKNOWN				14. MOTHER'S MAID Unknown					
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FORCE			ss Evelyn I	. Cowgi	Addre 11, 812 Ri Silver Sp	chmond	Ave.	
Conditions, i gave rise to couse (o), stori lying cause lo	ng the under-	TIONS CONTRIBUT	TING TO DEATH BU	NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIVE	N IN PART I(a)	PERFC	AUTOPSY PRMED?
OR CONTRIBUTI	WAS UNDERLYING THE NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	06. DESCRIBE HOV	W INJURY OCCURRI	D. (Enter noture of injur	ry in Port I or Po	rt II of item 18.)			
20c. TIME OF IN	10	While Nat		ACE OF INJURY (Hame, octory, street, office bldg		y or town)	(Count	γ)	(Stote)
21. I certify alive an	that I attended the of the Many William D. A.	9 Q		, 19 <u>53</u> , to n accurred at 6 1 m.p. 900	4_M, fram	the causes and street, city or town, s		te stated	
22a. BURIAL, CREMA REMOYAL (Special Special Sp	TION, 22b. DATE THEREOF 5/19/6 0		ME OF CEMETERY C			LLS CHURCH	r county)	(Stat	te)
23. FUNERAL DIRECT	OR'S SIGNATURE PUMPHREY		VER SPRIN	C MD	REC'D BY REGIS		TRAR'S SIGNAT		

may be revoked by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs pater death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

VS A15 (4) 15M 9/5B



# FOR STATE HEALTH DEP TO DEPOST MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any celes is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page, 4 should be forwarded to the Chief Medical Examiner's Office along with form, PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any went within 72 hours after death.

VS. A15ME 5M 7/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5975 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05884

	1. PLACE OF DEATH		1	2. USUAL RESIDE	ENCE (Where deceased lived. If	institution: Residence before admission)
	a. COUNTY			a. STATE	b. COUN	
	mon	4	MARYLAND	C	al	Monterey
81	b. CITY OR TOWN (if ou write RURAL and giv	tside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corporate limits, write	a RURAL and giva naares (town)
	Glen Ech		X has	Capi	Inla	43x-3
	d. NAME OF HOSPITAL	OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRES		e. IS RESIDENCE
7	Am			pr v	0 -	ON A FARM?
	5107 Wes	somme	Rd	508	Sunset De	YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
	(Type or print) M	mant K	emedy C	mele	DEATH MA	4 15 1960
	5. SEX   6.	COLOR OR RACE 7. MAR		DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR   IF UNDER 24 HRS.
	9	V.M		Va 7	lest birthdey)	Months Days Hours Min.
	100. USUAL OCCUPATION	D- PLC-	WED DIVORCED	7-1-1	1889 70 yrs.	1 10 6171751 05 10117 001117
	do e during most of working	life, even if retired)	. KIND OF BUSINESS OR INDUSTR	II. BIRTHPLACE (SIE	ata or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	school	teacher		Pa		21-56
	13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME	
	1 1. 1	,		hn.		
1	15 WAS DECEASED EVER II	U.S. ARMED FORCESZA	16. SOCIAL SECURITY NO.   17. II	MECHANITY 1	Address	
	(Yes no, or unkown)   (Ifyes	give war or detas of sarvice)	10. SOCIAL SECORITI NO. 17. 1	NEORMANIA	Address	04
	No		None No	nal KK.	ennely Coul	c - Ilum 1
	18. CAUSE OF DEA	TH  Enter only one cause p	ar line for (e), (b), and (c).]	,		INTERVAL BETWEEN
	PART I. DEATH W	AS CAUSED BY:	Maskey Mea	lasim	, ,	ONSET AND DEATH
	1200		correct y occ	Lever		minu
	1010	DUE TO				THE RESERVED
	Conditions, If eny, w	1 1	V			
	geve rise to immediate (a), stating the under	DIJE TO				
	cause last.	(c)				
	Z PART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
	ATIO					PERFORMED? YES NO
U	200. EXTERNAL CAUSI	WAS 1206 DES	CRIBE HOW INJURY OCCURED. (E	nter nature of injury In I	Part I or Part II of ilem 18.	120 110 11
	PRIMARY Or CONTR					
	20c. TIME OF INJURY Hour a.m.		od, INJURY OCCURRED   20e, PLA	CE OF INJURY (Homa, fo ory, streat, offica bldg., a	farm, 20f. (City or town)	(County) (State)
	Hour a.m.		work at work			
		I took charge of the	emains described above, he	ld an Autopsy .	, Inspection , Inquir	y K, and in my opinion
	death resulted from					DUL
	deam resulted from	i: ivaiurai causes [	Accident L, Saici			
		- 10	)	CHIEF MEDICA	AL EXAMINER []	
5	ACTUAL SIGNATURE	rank . 1	Storehart	M.D. ASSISTANT M	MEDICAL EXAMINER	DATE SIGNED
L	EXAMINER'S	// _		DEPUTY MEDIC	CAL EXAMINER	5-15-60
	NAME (Type)	LANIST	Bruschak	Address (Stree	et, city, town, or county)	
	22a. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	, or country) (Steta)
	Cremation	5/19/60	Cedar Hill C	Tenama da as-	C-1+21	
	23. FUNERAL DIRECTOR	2/19/00	ADDRESS	remato ry	Sultland M	ISTRAP'S SIGNATURE
		Dumphreur I	Bethesda, Mary		Z40. REG	The state of the s
1	MODEL CA.	Pumphrey I	betheada, mary	Tand DATE	V 20'60 Qu	lun & Kraus
1					71	

交互目的 ELERTATO ES ES ESTADISTE ESTADOS None I was at 17 Margaret Conden Gremation 5/19/60 Coder Hill Cremotory Smittend Farelan Robert S. Stmplrey Batheess, Naryland The state of the s

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Page director	1. 1	COUNTY On tgome
death.	ŀ	RURAL and gi
TO HOSPIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 safter death. Page may be remarked by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compress, filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar remaral, and in any event, within 72 hoursafter death.	-	OR INSTITUTE
illed in ath.	3.	NAME OF DECEASED (Type or print)
fille gesth		EX
D 6 2 4		emale
nd coming page	10a	. USUAL OCCUP during most of lousewif
be in arriva	13.	FATHER'S NAME
icial ithir	V	Viley A.
O HOSPICATENDING PHYSICIAN: The law requires that the death certificate be execumally be recorded by the haspital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cappage 3 shauld be defached far use as the burial-transit permit. Then please remave carban page the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours the State Board of Health prior to burial.	15. (Ye:	WAS DECEASED , no, or unknown)
eath ease any		1B. CAUSE OF
in plant		PART I.
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the the val.		Conditions,
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ph) ph) has rial- natio	ICAT	
IAN: T ending ficate I the bu	MEDICAL CERTIFICATION	20a. ACCIDEN OR CONTRIBU (IF EITHER, NO
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AL DIR	ì	22c. PHYSICIAI NAME (Ty
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HO HO HO HO S	1	BURIAL, CREM
5 5 4	24.	FUNERAL DIREC
VR A15 (4) 15M 9/59	0	Severna

	PLACE OF DEATH			Jakin		HELIAI BEGINFALOR AND		Disease of terrate at	on. Perial-	nce bef	en ad-ir-l	ion)
-	dontgomery			MARY		Maryland	ere deceased	b. COUNTY			unde	- 4/
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corpor	rate limits, write R	URAL ond	give nec	rest town	)
	RURAL and give ne	(Rural)		13 days		Severna Parl	k			0	2X.	-2
	d. NAME OF HOSPITA	AL (If not in hospitol, g	ive street	oddress)		d. STREET ADDRESS		PSILE			e. IS RESI	DENCE FARM?
	U? S. Nav	al Hospital		Salar Company		103 Holland	Road				YES	NO K
	NAME OF DECEASED (Type or print)	Fir		Middle Glenne	2	CROSSMAN	4. DATE OF DEATH	May		25		Year 19 60
5. 3	SEX	6. COLOR OR RACE	7. MAR	RIED 🔀 NEVER MARRIE	D   B. C	ATE OF BIRTH		9. AGE (In years			IF UNDE	
1	Female	Caucasian	WIDOW	ED DIVORCE	D .	5-3-24		36 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work o	dane 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stote	or fareign co	ountry)	12. CI	TIZEN OF	WHATC	OUNTRY?
]	Housewife	ing me, even il remed			•	West Vir	ginia		1	U.S.	A.	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME					-11/2
1	Wiley A. L	YDICK				Lona E. KE	LLY					
		IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INFO	RMANT		Add	ress			-
(14	No	If yes, give war or dates of s	arvice)		(H)F	hilip J. Cr	ossman	, same a	18 #2	abo	ve	
	1B. CAUSE OF DEA	TH [Enter anly one co	use per li	ine far (a). (b), ond (c).	]					INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	)	anem	ia						me	
	201	DUE TO	-	Λ		2 4						400
	Conditions, if or	ny, which ) (b	,	Thron	nlo	cytopen	rd			4	mo	1
	gove rise to in couse (o), stating t	nmediate (		11 1 1	7	0		K 10.1		1	*	* Bu
	lying couse last.	(c	)	Hodgh	ins	Procase	-			6	ma	2.
N O	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	E CONDITION GIV	VEN IN PA	RT 1(a)	9. WAS	AUTOPSY RMED?
CAT	10 10 10 10									146	YES 🔀	
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (	Enter noture of injury in F	Port I or Port	t II af item 18.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d.	INJURY OCCURRED		OF INJURY (Home, farm		or town)		(County)		(Stote)
AEDI	Hour a.m.	19	While of wo		foctor	y, street, affice bldg., etc.	.)					
		t (I) palisopopto	) atten	ded the deceased	fram	lay 12 10:15	60 .ta_	May 25	, 19_	60, th	nat (I) (i	<b>K</b> e) last
		ed alive an Ma				th accurred at	M, fram	the causes ar	nd an th	ne date	stated	abave.
	220. SIGNATURE	×10,	01	4000		ATTENDING ME	ED.	STAFF PHYS.			-	SIGNED
	22c. PHYSICIAN'S	gra	~~	WELT.	J.M	22d, ADDRESS	RECTOR .	PHYS			7-2	3-00
	NAME (Type)	F. S. CALD	ELI.	LT. MC. U	SN		al Hos	pital, H	Sethe	sda,	Md.	
22	<u> </u>			23c. NAME OF CEM				TION (City, town,			(State	
1		pment 5-29	9-60	Memor	ial Pa		Lin	na.		0	hio	e)
24.	FUNERAL DIRECTOR	Artica A	1.6	ar ADDRESS CO			D BY REGIST		ISTRAR'S S			
A	Severna Pa			, Severna		Md. DATE	JN 3 '	60 0	Irthun .	8. Kus	MA	
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VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ON AFRICATION U. S. Navel Hospital U. S. Navel Hosp			7.7						
B. C. CITY OR TOWN (If outside carpertor limits, write RURAL and give necret lover)  RURAL and give negrets form)  Betheada (Rural)  64 days  6. NAME OF Interest or the second of the s	a. COUNTY			MARYLAND	o. STATE		h COUNTY	an: Residence be	fore admission)
RURAL ond give negret lawn) Bethesda (Rural)  d. NAME OF HOSPITAL (If not in hosphol, give street oddress)  d. STREET ADDRESS  4. 13 4th St., S.E., - Apt. #2  e. O. AFRA  ANAME OF HOSPITAL (If not in hosphol, give street oddress)  d. STREET ADDRESS  4. 213 4th St., S.E., - Apt. #2  e. O. AFRA  Month  Frazelle  Foshee  CRUMPTON  8. DATE  ORAH  FOSHE  CRUMPTON  9. ACE (In yar)  FOSHE  CRUMPTON  9. ACE (In yar)  FOSHE  FOSHE  CRUMPTON  9. ACE (In yar)  FOSHE  FOSHE  CRUMPTON  9. ACE (In yar)  FOSHE  FOSHE  FOSHE  10. KIND OF BUSINESS ON INDUSTRY  11. BIRTHPLACE (Slote or foreign country)  ROUSEWITE  12. CHIZEN OF WHAT COUNT  ALAbama  12. CHIZEN OF WHAT COUNT  B. ALLBAMMA  13. ACHIER'S MANE  Walter H. FOSHE  14. MOTHER'S MANDEN NAME  Walter H. FOSHE  15. WAS DECASED FVER IN U. S. ARMED FORCEST  16. SOLIAL SECURITY NO. IN NORMANI  18. CAUSE OF DEATH (Enter only one couse per line for (ol.  b), ond (ol.)  PART I. DATH WAS CAUSED BY.  I. MOTHER'S MANDEN NAME  Walter H. FOSHE  19. CAUSE OF DEATH  II. CHER'S ROUSE (AUSE)  10. DUE TO  Conditions, If Says, which  gave rise to Immediate Counter (a) story  III. SETTING OF MART TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   9 WAS AUTO-  PERFORMET  FERFORMET  TO RETURN OF WHAT COUNT  10. CONTRIBUTION COUNTERD WHAT COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19 WAS AUTO-  PERFORMET  TO RETURN OF WHAT COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19 WAS AUTO-  PERFORMET  TO RETURN OF WHAT COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19 WAS AUTO-  PERFORMET  TO RETURN OF WHAT COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19 WAS AUTO-  PERFORMET  TO RETURN OF WHAT COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19 WAS AUTO-  PERFORMET  TO RETURN OF WHAT COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19 WAS AUTO-  PERFO			s, write	LENGTH OF STAY IN 1b				URAL and give n	egrest town)
d. STREET ADDRESS  14. STREET ADDRESS  15. SER Apt. #2  15. SER Apt. #2  16. OR A FARP  17. OR A FARP  17. OR A FARP  17. OR A FARP  18. DATE OF BIRTH  17. OR A FARP  18. DATE OF BIRTH  19. DEATH  19. ACE (In year)  19. Days Hours Rained  19. STREET ADDRESS  19. ACE (In year)  19. ACE (In ye	RURAL and give	neorest tawn)						47	X-3
NAME (Type)   Name   Note   Note   Name   Note   Name   Note   Name	d. NAME OF HOSP	ITAL (If nat in haspital, gi	ve street od				17-25-7		e. IS RESIDENCE
Decision	U. S. Nav	al Hospital			4213 4th S	t., S.E	Apt.	#2	YES NO
S. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATS OF BIRTH   S. G. GOLD RICH   S. G. GOLD RICH   S. G. G. GOLD RICH   S. G.	DECEASED					OF			
DIONOCED IN JOURNAL COLUMN TO STAFF OF DEATH (Enter only one cause per line for (o), (b), ond (c).]  PART I, DEATH WAS CAUSED BY.  DIE CAUGE (o) BY PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19, WAS AUTO (FIFTER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBU	5. SEX			D NEVER MARRIED			9. AGE (In years lost birthday)	-	
Alabama U.S.A.  Alabama U.S.A.  ANOTHER'S MANIE  Walter H. FOSHEE  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  II. MOTHER'S MAIDEN NAME  MATY E. ODEN  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY.  PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stoling the under- lying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTO- PERFORMANT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  HOUR O. M. 19 of work condition of work conditions with conditions of work conditions where the conditions were conditions where the conditions were conditions where the condi	Female	Caucasian	WIDOWED	DIVORCED X	5-6-03		57 yrs.	Months Doys	Tiddis Willi
Walter H. FOSHEE  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  267-34-1257  Hospital Records  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under line (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO-PREVIOUS (c)  Oc. ACCIDENT WAS UNDERLYING (c)  Oc. TIME OF INJURY Month, Day, Year William (c) with a line of the late of	during most of wo	orking life, even if retired)	one 10b. KI	ND OF BUSINESS OR IND			untry)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   WAS CAUSED BY:   18. CAUSE OF DEATH   WAS CAUSED BY:   18. CAUSE OF DEATH   WAS CAUSED BY:   18. CAUSE OF DEATH   18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOE   19. CAUSE OF DEATH	3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
17. NAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO. 267-34-1257   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one cause (c), staling the under lying cause last.   (c).   19. WAS AUTO PERFORMANT   (c).   19. WAS AUTO	Walter H.	FOSHDE			Mary E. O	DEN			
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   DUE TO     Canditions, if sany, which gave rise to immediate couse (a), stating the under-lying cause last.     Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTO-PERFORMENT YES NOT				OCIAL SECURITY NO. 17.	INFORMANT		Add	ress	
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate couse (a), staling the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CO		(If yes, give war or dates of se		7-34-1257	Hospital Rec	ords			
21. I certify that (I) (bischaspinal) attended the deceased from March 14 1960, to May 17 1960, that (I) (XX) saw the deceased alive an May 16 1960, and that death accurred at 7:15%, from the causes and on the date stated about 220. SIGNATURE  220. SIGNATURE  ATTENDING  ATTE	gave rise to couse (a), statin lying cause las:  PART II. O  PART II. O  OR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJU	DUE TO  any, which immediate g the under  t. (c)  THER SIGNIFICANT CONI  VAS UNDERLYING  GO CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Manth, Day, Yec	20b. DESCR	INTRIBUTING TO DEATH BUTTER TO DEATH BUTTER	RED. (Enter nature of injury	in Part I or Part	II of item 1B.)		YES NO
saw the deceased alive an May 16 1960, and that death accurred at 7:150, from the causes and on the date stated about 220. SIGNATURE  220. SIGNATURE  ATTENDING MED. STAFF DIRECTOR STAFF DIRECTOR DIRECT		. 19	at wark	ot wark			May 17	1960	that (1) 0000 la
220. SIGNATURE  220. SIGNATURE  ATTENDING ATTENDING ATTENDING DIRECTOR PHYS. 5-17-60  221. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 5-17-60  222. PHYSICIAN'S NAME (Type)  J. L. BEEBY, LT, MC, USN  U.S. Naval Hospital, Bethesda, Md.  233. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Surial-Shipment 5-17-60  Tampa Florida  24 FUNDERAL (IRECTOR'S SIGNATURE)  ADDRESS  ADDRESS  ATTENDING DIRECTOR PHYS. DIRECTOR STAFF PHYS. DIRECTOR PHYS.				1960 , and that		15% fram	the causes ar	nd on the da	te stated abay
22c. PHYSICIAN'S NAME (Type)  J. L. BEEBY, LT, MC, USN  23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Surial-Shipment 5-17-60  23d. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county) (Stote)  Tampa  Florida  24d. FUNDERS  U.S. NAVAL HOSPITAL, DE'S SIGNATURE  25d. ADDRESS  27d.		4/	)	/	ATTENDING	MED.	STAFF		
J. L. BEEBY, LT, MC, USN U.S.NAVAL HOSPITAL, Bethesda, Md.  23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  3. L. BEEBY, LT, MC, USN U.S.NAVAL HOSPITAL, Bethesda, Md.  23d. LOCATION (City, town, or county) (Stote)  3. L. BEEBY, LT, MC, USN U.S.NAVAL HOSPITAL, Bethesda, Md.  23d. LOCATION (City, town, or county) (Stote)  4. Tampa Florida  24d. FUNDERAL (IRECTOR'S SIGNATURE)  25d. PECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			un	-		DIRECTOR L	гніз. Ц		2 00
23a. BURIAL, CREMATION, 23b. DATE THEREOF  REMOVAL (Specify)  Burial-Shipment 5-17-60  Tampa  Florida  24. Flinepal (IRF TOP'S SIGNATURE)  ADDRESS  ADDRESS  ADDRESS  ADDRESS  25c. REGISTRAR   25b. REGISTRAR   2	NAME (Type)	J. L. BEEF	Y, LT	, MC, USN	U.S.Nava	1 Hospi	tal, Bet	hesda,	Md.
REMOVAL (Specify)  AUTIAL -Shipment 5-17-60  Tampa Florida  250, PEC'D BY REGISTRAR'S SIGNATURE	23a. BURIAL, CREMAT	ION, 23b. DATE THEREC		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	TION (City, tawn,	ar caunty)	(Stote)
ADDRESS 250, PECID BY REGISTRAR 250, REGISTRAR'S SIGNATURE	REMOVAL (Specif	fy)	1.			Mex	mva	F	lorida
		P'S SIGNATURE		VE BETHESIA	MD 2 25a. RE				
	1/00	XXV FI /		- Light	DATE	MAY 20'6	W. 1 Li	Thur S. Ha	

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a.A. Ponedor 1557 Riso. ava hogusqua, 10.

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Feerlan Commander Comment

COMPRESSION OF THE PROPERTY

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Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Montgomery o. STATE b. COUNTY MARYLAND Mayland Montgomerv b. CITY OR TOWN (If autide corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 4911 Chevy Chase Blvd 4911 Chevy Chase Blvd YES NO TE NAME OF First Middle DATE Month Day Year DECEASED (Type or print) DEATH 19 60 Clayton Cunningham 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IE UNDER 24 HRS. last birthday] 79 yrs. Hours 5,1880 Oct. Male White WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Engineer US Kansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Cunningham Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Blanche E. Cunningham-wife-same 2d Amer. Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) sudden **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Pulmonary emphysema NO TO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour While Not while q. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Inquiry x, and find that death resulted fram: Natural causes 🖈 Accident , Suicide , Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Frank Broschart 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 5/8/60 Cremation Cedar Hill Crematory Suitland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Maryland Robert A. Pumphrey DATE MAY 1 0 '60 anthur S. Kraus

VS. A15ME(5) 5M 9/55

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VS A1S (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 1 FilmG263 5-23-60 et CERTIFICATE OF DEATH

5944

Rea. Dist. No.

I. PLACE OF DEATH						
a. COUNTY	Montg,	MAR	2. USUAL RESI	Maryl and	lived. If institution: b. COUNTY	Residence before admission)
RURAL and give no	If outside corporate limits, earest tawn)	, write c. LENGTH OF STA	Y IN 16 C. CITY OR Recky		rate limits, write RUR	RAL and give nearest town)
	Private ho		/d. STREET A	DDRESS 8 Ardenes	AYe	e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print)	First	Middl	e Los Cusian	OF	May	Day Yeor 19 <b>60</b>
s. sex		7. MARRIED NEVER MARE			lost birthdoy)	FUNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
Real Es  13. FATHER'S NAME  Edw1  15. WAS DECEASED EVE	n Cushman	ES? 16. SOCIAL SECURITY N	14. MOTHER'S	MAIDEN NAME  Russ	Address	s
Conditions, if o gave rise to i cause (a), stating lying couse last.	the under-	Conges	fest by	teart fo	Gelvir	ONSET AND DEATH  YEAR S  MONTO
CATIC		0b. DESCRIBE HOW INJURY	W. Strand			PERFORMED? YES NO
E TOR CONTRIBUTING	LI CAUSE OF DEATH					
3	MEDICAL EXAMINER) RY Manth, Day, Year	20d. INJURY OCCURRED While Nat while ot work ot wark	20e. PLACE OF INJURY ( foctory, street, affice	Home, form, 20f. (City e bldg., etc.)	or tawn)	(Caunty) (State
20c. TIME OF INJUR Hour o. m. p. m.	AY Manth, Day, Year  19  nat I attended the formula of the formula	While of work	foctary, street, affice	D. (22d. LOCAT	16, 196-4h	on the date stated above the decease on the date stated above the date stated above the date of the da

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TO HOSP

VR A1S (4) 1SM 9/59

CERTIFICATE OF DEATH

5978	CERTIFICAT	E OF DEATH		(10001)
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where de a. STATE Marvland	ceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURA	AL and give nearest town)
RURAL ond give negrest town)  Bethesda (Rural)	26 days	Annapolis		0210.2
Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
U.S. Naval Hospital		152 Defense	Highway	YES NO
3. NAME OF DECEASED First	Middle	last 4. D	ATE Month	Day Yeor
(Type or print) Doris Rebecc	a DAUGHT	TRY D	EATH May	28 19 60
S. SEX 6. COLOR OR RACE 7. MARI	RIEDE NEVER MARRIED B.	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Female Cauc WIDOW	ED DIVORCED D	July 1911	48 yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Harry H. MILLER		Kate GOLDE		1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) [ (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. INFO	ORMANT	Address	
No	NA (Hu	isband) Joe E	verett DAUG	HTRY
B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).].			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	inoula			
DUE TO	0 0	2 13	+	- 1
Conditions, if one, which ) (b)	metasta	tic Carci	nome 9	dunya
gove rise to immediate Couse (a), stating the under-	0	. 01	no .,	
lying cause lost. (c)	Curcin	ma y	any	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL D	isease condition given	IN PART (o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Port II of item 1B.)	
Hour o. m. While		E OF INJURY (Home, farm, 20f rry, street, office bldg., etc.)	. (City or town)	(County) (Stote)
23. I certify that (I) (I) (I) (I) (I) attended	ded the deceased fram2	May 1960	to 28 May	, 19_60 that (I) 10% last
				an the date stated above.
22o. SIGNATURE				22b. DATE SIGNED
1	// M.	D. PHYS. MED. DIRECTO	OR PHYS. 5-	-29-60
22c. PHYSICIAN'S' NAME (Type) B.S. BLHTINGS	MEY. LIT MC US	22d. ADDRESS	l Hospital.	Bethesda, Mo
230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spocify) June 1-1960	239 NAME OF CEMETERY OR		LOCATION (City, town, or o	
24. PUNERAL DIRECTOR'S SIGNATURE	address a Canada	2So. REC'D BY I		AR'S SIGNATURE
	- The same of the		<i>L</i>	

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VS A15 (4) 15M.9/55

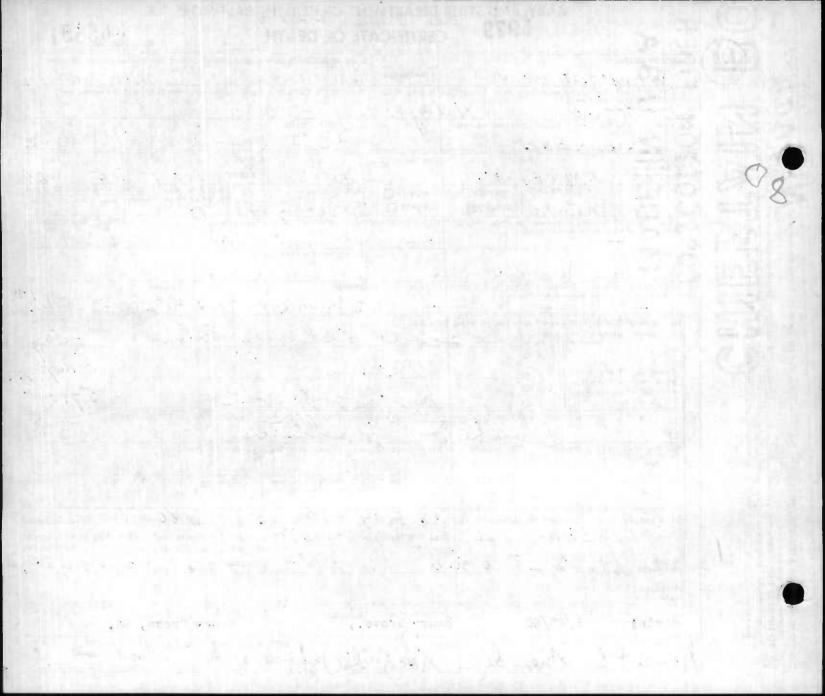
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

5884 CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH MONTESOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  O. STATE  Of Columbia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest, town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  47x-3
d. NAME OF HOSPITAL UT not in hospital give street address) OR INSTITUTION , I Blud. East	d. STREET ADDRESS 800 Galloway Str., N.E. SRESIDENCE ON A FARM? YES NO 13
3. NAME OF DECEASED (Type or print)   CL   A REBECCA DI	AVENPORT DEATH Month Day Yeor DEATH May 26 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DI	8. DATE OF BIRTH  Febr. 7, 1869  9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS.)  Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joe Ballard	14. MOTHER'S MAIDEN NAME Betty Schooler
[Yes, no or unknown]   [If yes, give wor or dates of service]	NFORMANT Address 15. L. D. Fickling - 800 Galloweg Str. N.E. D.
Conditions, if ony, which gove rise to immediate couse (a), stoting the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while fact work of wark	ACE OF INJURY (Home, farm, clory, street, office bidg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased from lept. I alive on heart 5, 1960, and that death ACTUAL SIGNATURE COLLO heart 1990 EINO MAGI	The design of the second secon
220. BURIAL, CREMATION, 22b. DATE THEREOF 220-NAME OF CEMETERY O REMOVAL (Specify) 5/28/60 Thereof	R CREMATORY 228. LOCATION (City, town, or county) (51010)
28. FUNERAL DIRECTOR'S SIGNATURE 4 ADORESS STATE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CITCHES S. House

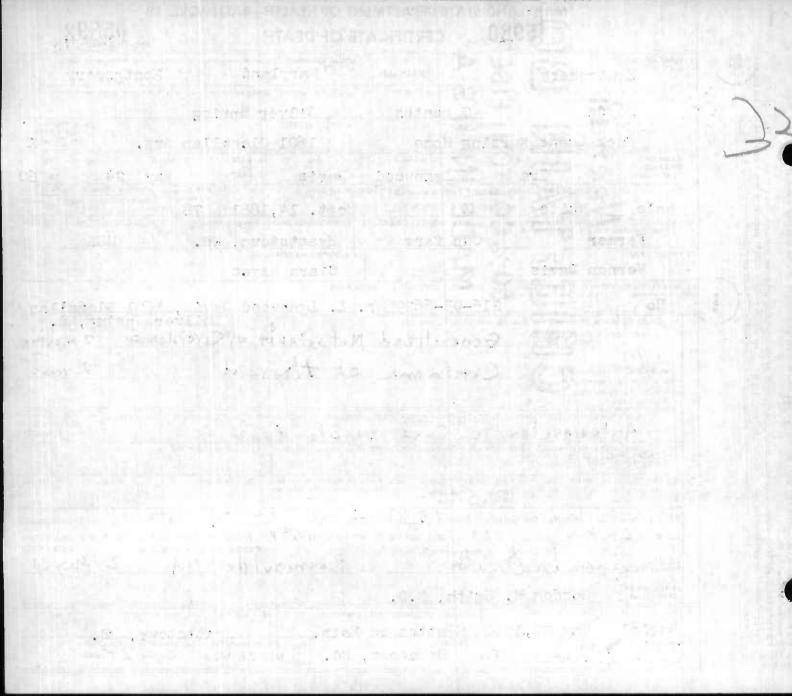
# MACHINE STATE DEPARTMENT OF HOALTS-BALTIMORETS T. ... Subject Towns of

597	CERTIFIC	ATE OF DEATH		Reg. Dist. 05891
PLACE OF DEATH a. COUNTY MONTGOMERY	/ MARYLAND	2. USUAL RESIDENCE (Who STATE MAY 9 / and	ere deceased lived. If institution b. COUNTY	n: Residence before admission)  Mont 30mer
b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	11 days,	Saithers &	utside corporote limits, write RU	JRAL and give neafest town)
d. NAME OF HOSPITAL (If not in hospital, give strong institution	eet address)	RADAT	Emory Brone	Rd e. IS RESIDENC ON A FARM YES NO
NAME OF DECEASED (Type or print) FMMEL1	Middle	DAVIS	4. DATE Mont	h Day Year / 25 196
F NEGRO WIDO	ARRIED NEVER MARRIED DIVORCED	April15,	9. AGE (In years last birthdoy) 79 yrs.	IF UNDER 1 YEAR IF UNDER 24 H Months Doys Hours Mi
Oa. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	0b. KIND OF BUSINESS OR INDU	Redland	Md.	12. CITIZEN OF WHAT COUNT
Reuben Water	r	14. MOTHER'S MAIDEN N	noun	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (fes, no. or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	V5. Satah Br	ayton R70#	2 Box 53 Baither
18. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (0), (b), and (c).]	Pelver	ay Eden	INTERVAL BETWEE ONSET AND DEAT
Canditions, if any, which (b)	Vie	Luca		5 day
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>	hey.	horseles		5700
PART II. OTHER SIGNIFICANT CONDITION  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	afeb	mallet.	Long	EN IN PART I(a) 19. WAS AUTOF PERFORMED YES NO
	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort I or Part II of item 18.)	
Hour a.m. Wh		LACE OF INJURY (Home, farm, octory, street, office bldg., etc.	20f. (City or town)	(County) (St
21. I certify that I attended the dece	eased fram 16 mg	24, 1960, ta 2		that I last saw the decear d an the date stated abo
ACTUAL SIGNATURE MENT TO	whole		ADDRESS (Street, city or town,	
PHYSICIAN'S NAME (Type)				
20. BURIAL, CREMATION, 22b. DATE THEREOF 5/28/60	22c. NAME OF CEMETERY CEMOTY Gro		22d. LOCATION (City, town, o Emory Grov	
FUNERAL DIRECTOR'S SIGNATURE	len Del	\//// \ \   #	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE



VS A15 (4) 15M 9/5B

	MARYLAND	STATE DEPARTM	ENT OF HEALT	H-BALTIMO					
	5980	CERTIFICA	ATE OF DEAT	Н	(15) Reg. Dist. N	392			
1	o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If b. Co	institution: Residence be	fore admission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,					
-	Boyds	7 months		r Spring					
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION  Buck Lodge Nurs		d. STREET ADDRESS	Glenallan	Ave.	e. IS RESIDENCE ON A FARM? YES NO			
3	NAME OF First	Middle	Last	4. DATE OF	Month I	Day Year			
	(Type or print) Ira	Lynnwood	Davis	DEATH	May 24	19 60			
5		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birt		Hours Min.			
L	Male White WIDOW	-	Sept. 14.	1881 78		Hours Min.			
1	a. USUAL OCCUPATION (Give kind of work done 10b during most of warking life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN	OF WHAT COUNTRY			
	Farmer	Own farm	Hyattst	own, Md.	US	A			
13	FATHER'S NAME		14. MOTHER'S MAIDEN						
	Vernon Davis		Clara H	layes					
11	(es, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	NFORMANT		Address				
1	No 2	16-03-6629 M	r. L. Lynnw	ood Davis	. 1601 G1	enallan			
	Canditions, if ony, which gove rise to immediate (b)	renevalized again oma	Metastas of the	s of Carc	ver Sprin	2 months 2 years			
MOITA	lying couse last. (c)	C 1	NOT RELATED TO THE TERM	IINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
CEDTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE			1B.)	, 125 E. 116 E.			
MAEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while at work of work to the other work t								
	21. I certify that I attended the decea alive an 2 4 May, 19  ACTUAL SIGNATURE	60, and that death	accurred at 10.55 M.D. Bay nos	M, fram the caus		tw the deceased the stated above DATE SIGNED MAY 60			
2:	a. Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) May 27m1960	22c. NAME OF CEMETERY O		22d. LOCATION (City,		(Stote)			
23	EUNTERAL DIRECTOR'S SIGNATURE Control	ADDRESS Damascus	24g. REC		REGISTRAR'S SIGNAT				



TO HOSPI

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5931 CERTIFICATE OF DEATH

(15893 Reg. Dist. No.

The state of the s				Keg. Dis	1. 140.
1. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Whe		If institution: Residence	e before admission)
Montgomery	MARYLAND	Maryland			romerv
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares/Jawn)	OF STAY IN 16	c. CITY OR TOWN (If ou		nits, write RURAL and g	ive nearest lown)
Bethesda	rleg	Silver S	hring		
d. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS	1		e. IS RESIDENCE
OR INSTITUTION Suburban Hospital					YES NO
	,		re Road		115   100
NAME OF DECEASED (Type or print)  A 11.1.1AN	Middle DE	BERNARDO	4. DATE OF DEATH	Manth	Day Year
SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED []	B. DATE OF BIRTH	Q AG	E (In years IF UNDER	YEAR IF UNDER 24 HE
7. 0.4	IVORCED [	March 16-	losi		Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI	NESS OR INDUS				ZEN OF WHAT COUNT
Homemaker //ouc	servort	Shilimbe	ergo &	taly	u.s.
B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	1	
MHKTINA			U	U	
Danillo Marilma		Adel E Cola	vina		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR	RITY NO. 17. IF	NFORMANT		Address	
NO - KES	Una	shand David Da	Dawns	do Same a	Alexander and
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b),		band David De		do Same a	INTERVAL BETWEEN
	and (c). j	1	011	1	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	211	alined	1001	unde	to lod
DUE TO	·		1	000	70
Conditions, if any, which )	1.0	1-0(81	10		q
gave rise to immediate (b)	gen	may on	reus	you	1100
cause (a), stating the under-	0	2 . 0	00	0	gen
lying couse lost. (c)	1	releva	41	rlein	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	O DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPS PERFORMED?
On ACCIDENT MAC AN IDERWAND TO LOOK DESCRIPT ACTUAL					YES NO
E 200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW IN OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED	). (Enter nature of injury in Pa	ort I ar Part II at i	tem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Haur a. m. While Not while of work at wark	RFD 20e. PL/	CE OF INJURY (Home, form,	20f (City or toy	(0) (0	ounty) (Stat
Haur a. m. While Nat while	- fan	tory, street, affice bldg., etc.)	1 2011 (CIT) OF 101	(0	domy) (side
p. m. 19 at work at work	早.	1			
21. I certify that I attended the deceased from	May	4/ 10 60 to M	ran 7	20/04.11	
. 1	1				ast saw the decea
alive an, 19/0(), and	d that death	accurred at 11.20P	.M, from the	causes and an th	e date stated abo
0 6 0 0		, A	DDRESS (Street, g	Par town, state)	DATE SIG
SIGNATURE TO CL	11111	106	72	7000	11105
SIGNATURE A COMPANY		n.u	20	- Larry	7-711-21
PHYSICIAN'S		1-0.	1060	,	11.0
NAME (Type) John J. Curry		500	12/2V	my,	rug
	OF CEMETERY OF	CREMATORY :	22d. LOCATION (	City, town, or county)	(State)
12 Mg VAJ (Specify) 5-11-1960 G.A.	ella.	1 -A	1.1	0 1	me
JUNIAN VIII 100 GAR	of Hea	ven emelos	y W	neason	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Ovelar	ave 240. REC'D	BY REGISTRAR	24b. REGISTRAR'S SIG	10
WW Chambera Co Six	20-00	FILL DATE MA	(11'60	arthur S.	Tirous

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
S85 CERTIFICATE OF DEATH

1	, PLACE OF DEATH	ACAIM ACA MIDIA			2.	USUAL RESIDER			l lived. If instituti				
-	1,	ONT GOMERY		MARYL				LAND	b. COUNTY	173		OMER	
	RURAL and give ne	f autside carporate limits, arest tawn) R SPRING	write c. I	LENGTH OF STAY I	N 16	c. CITY OR TO		OMA P	rate limits, write F ARK	RURAL and	give nec	rest tawn	)
9	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give LTHEA—WOODL	AND NU	ess) URSING HO	ME /	d. STREET ADD		IDE D	RIVE				PARMS NO
3	NAME OF DECEASED (Type or print)	First LUCY		Middle CHASE	DE	VEREUX		4. DATE OF DEATH	MAY	nth	9		Year 19 60
5	FEMALE	2 27 7 2 mm m	MARRIED [	NEVER MARRIE		ATE OF BIRTH /23/74			9. AGE (In years gast birthday) yrs.	Manths	R 1 YEAR Days	IF UND! Haurs	R 24 HRS. Min.
1	Oo. USUAL OCCUPATION during most of work	ON (Give kind of work dar ing life, even if retired)		O OF BUSINESS OF home	RINDUSTRY		E (State o		untry)		U.S.		OUNTRY?
1	3. FATHER'S NAME				1	4. MOTHER'S M	AIDEN N	AME					-
	Horace G.	Chase				El	llen	M.					
		R IN U. S. ARMED FORCE (If yes, give wor or dales of servi		IAL SECURITY NO.			C. De	vereu:	x, 7404	Glens			
A TION	Canditions, if all gave rise to it cause (a), stating lying cause last.  PART II. OTH	the under- DUE TO  (c)_  ER SIGNIFICANT CONDITION  Fraction	Tions contined	enebro V enerally Sensition TRIBUTING TO DEA Left	th BUT NO	2	HE TERMIN	NAL DISEASI	E CONDITION GI	VEN IN PAI	2	PERFO	
CEDITIE		MEDICAL EXAMINER)	b. DESCRIBE	E HOW INJURY OC									
1401001	County) (State)  Government of the point of												
	saw the sleceas 22a. SIGNATURE	t (1) (this hospital) and alive on my	cay 8	laci	that dea	ATTENDING	MF	D	the causes an			stated	abave. b. DATE SIGNED
	22c. PHYSICIAN'S		TZGE	RALD	M. D	22d. ADDRESS	5/ :	RECTOR []	ty Blus	18,	8.	8.,	hid.
2	REMOVAL (Specify)	N, 23b. DATE THEREOF		OLD CEME		REMATORY			TION (City, town, KINTON,			(Stat	
2	HARNER E	S SIGNATURE PUMPHNEY II	Ska	ADDRESS SILVER	SPRIN	10 340		BY REGIST		ISTRAR'S SI			

TARE CERTIFICATE CHORASH T .H. Haira · 2010年的美国和国内的 2010年的 1990年的 1990年的 NACOS AURE SE TICE HI SEL The second of th Constitution agreement across to accom-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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e. IS RESIDENCE ON A FARM? YES NO TE

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

DATE SIGNED

(State)

NO X

(State)

1961

Wentworth

Day

IF UNDER TYEAR Manths

(County)

Days

Reg. Dist. No.

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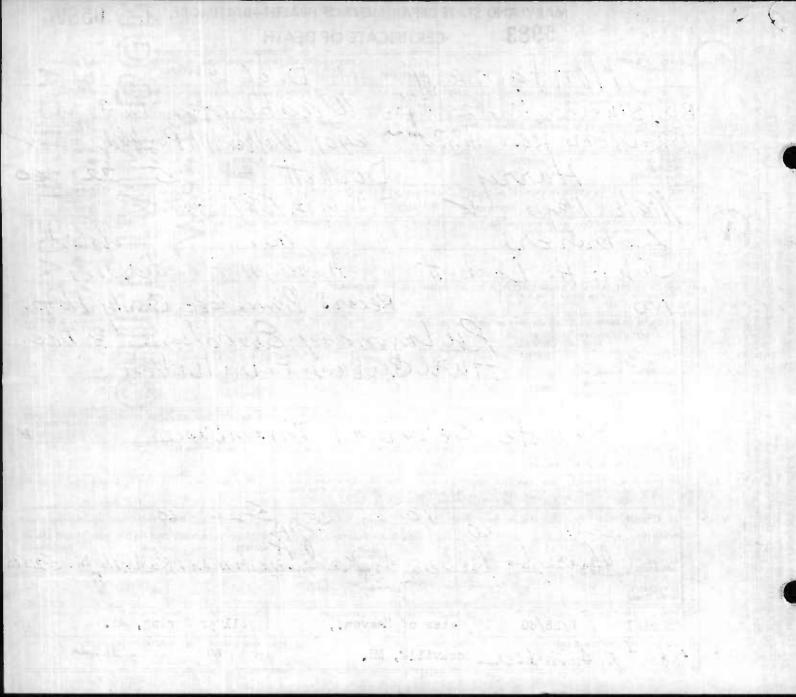
VS A1S (4) 15M 9/5B

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5983

CEPTIFICATE OF DEATH

1	Reg. Dist. No.
- No.	PLACE OF DEATH a. COUNTY  Q. WARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE D. O. COUNTY  T. G. COUNTY
	b. CITY OR TOWN (If autiside carporate limits, write RURAL and give nearest tawn)  RURAL and give nearest tawn)  d. NAME OF HOSPITAL (If not in hospital, give street address)  or INSTITUTION  c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  d. STREET ADDRESS  d. STREET ADDRESS  or INSTITUTION  e. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print)  First Middle DOCKETT 4. DATE Month Day Year 1960
	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   887   9. AGE (In years last birthday)   WIDOWED   DIVORCED   Jan 12   1887   9. AGE (In years last birthday)   Windows   Windows
)	10a/ USUAL OCCUPATION (Give kind of work done during host of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address
	(Yes, no, or uniform) (If yes, give wor or doles of service) Record Prince Geo. County Hosp.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate couse (a), stating the under- lying cause last.  (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 22  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year  Haur a.m.  19  While Not while of work at work at work at work at work at work at work.
	21. I certify that I attended the deceased fram.  19.9, ta., 19.9, that I last saw the deceased alive an., 19.9, ta., and that death accurred at M., fram the causes and an the date stated abave.  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)
	22a. BURIAL, CREMATION. 22b. DATE THEREOF 5/25/60 22c. NAME OF CEMETERY OR CREMATORY Silver Spring, Md. (State)
	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ROCKVILLO, Md.  ADDRESS  ROCKVILLO, Md.  DATE  MAY 3 1 '60  Column S. Frank's SIGNATURE  ADDRESS  ROCKVILLO, Md.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5021

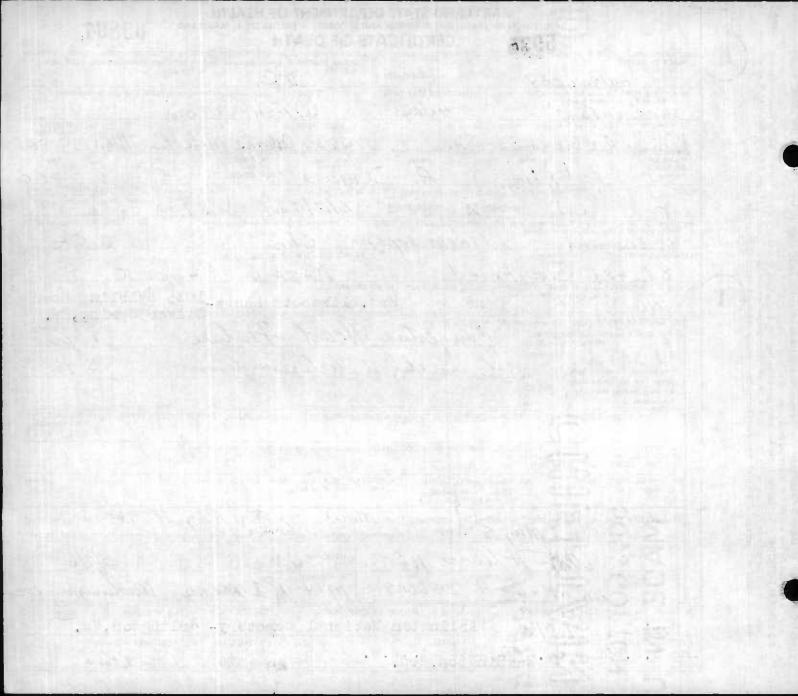
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Ab	0333	
明	1. PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY
	Mongomery	0,0,
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	KensingTon 4 days	WASHINGTON 4-1X-3
1	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
	Kensington GARDENS SAN.	2630 adame mill Re. M.W. YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) LYGIA A.	DO11/150N DEATH 5 7 196
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR  last birthday)  Months Days Hours Min.
	WIDOWED DIVORCED	6/18/72 Syrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
	GOVERNMENT (TREAS. DED.	T) Ohio USA
	13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward Spagard	Kazah Hancack -
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes no or unknown) . (If we give wor or date of service)	rs. Elizabeth Lentz-1015 Stirling Road
	170	Silver Spring Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Couglstwe	Har Tanare 1 yr
	750 DUE TO	117
	Conditions, if any, which ) (b) Cerebblye	d luteriosclerosis 5 m
	gave rise to immediate Cause (a), stating the under-	
	lying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	YES NO
	200 ACCIDENT WAS LINDERLYING TO 200 DESCRIBE HOW INTERLY OCCUR	RED. (Enter nature of injury in Part I or Part II af item 18.)
	OR CONTRIBUTING   CAUSE OF DEATH	
		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stat
	O Hour a.m. While Not while	factory, street, affice bldg., etc.)
	p. m. 19 at work at work	Mini di H
	21. I certify that (I) (this hospital) attended the deceased fram	
	saw the deceased alive an May 5 1960, and that	death accurred at 50 AM, from the causes and an the date stated above
	22a. SIGNATURE	ATTENDING AED STAFE -/22b. DATE
	Min A Lewis MD	M.D. ATTENDING MED. STAFF PHYS. 5/1/60 SIGNE
,	22c. PHYSICIAN'S NAME (Type) 11110 4 151115	22d. ADDRESS OF A
	ARTHUR A. LEWIS	1714 1 I Ave Me Washington 2
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	REMOVAL (Specify) Burial 5/10/60 Arlington	Λ
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		W. Carlotte and the control of the c
	washington, D.C.	DATEMAY 9 '60 Criting & Known

is after death. Page 4

TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be remained by the haspital ar attending physician.

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		5925	CERTIFI	CATE OF DEAT	Н	(1)	0000	
1. PLA	ACE OF DEATH COUNTY MONTE	tomer4	MARYLA	g. STATE 1 and	Where deceased lived. I	institution: Residence	pefore admissi	on)
b. (	CITY OR TOWN (If outside for RURAL and give nearest toyn)	Chase	c. LENGTH OF STAY IN	5 Stenev	If outside carporate limits 4 Cha	, write RURAL and gi	ve nearest town	
d. 1	NAME OF HOSPITARITY not in OR INSTITUTION	haspital, give street a	ddress)	d. STREET ADDRESS	Oak La	ne		DENCE FARM? NO []
DEC	ME OF CEASED pe or print) Pic/	lard First	Middle	Dorny	4. DATE OF DEATH	Manth	12 1	ear 96 C
5. SEX	rale Whi	TE WIDOWE		0 1-25-	319	rthday) Manths [	YEAR IF UNDE Days Hours	Min.
2	uring most of working life, eve	d'af wark dane 10b. K n if retired)	CIND OF BUSINESS OR	Bethe	esda, ho	d, 12. CITIZ	LI SI	OUNTRY!
(	THER'S NAME	Dor	714	nedr	a nel	son D	0711	44
	AS DECEASED EVER IN U. S. A o. or unknown) (If yes, give wa	RMED FORCES? 16. S	OCIAL SECURITY NO.	17. INFORMANT	Dorny	-Fatt	ier	7
	Canditians, if any, which gave rise to immediate	7 )	e, for (a), (b), and (c).] 1abao 7 en era	nyosarc Pized M	etas	tasis	INTERVAL BE ONSET AND 5 1720	TWEEN DEATH
	couse (a), stating the <u>under</u> ( lying couse last.  PART II. OTHER SIGNIFIC	(c) ft-	SCITES  ONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TEN	RMINAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS A PERFO	AUTOPSY RMED?
	Oa. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ( F EITHER, NOTIFY MEDICAL E)	OF DEATH KAMINER) 206. DESC	RIBE HOW INJURY OCC	CURRED. (Enter nature of injury	in Part I or Part II of iter	n 1B.)		
MEDICAL	)c. TIME OF INJURY Manth, Haur a. m. p. m.	While	JURY OCCURRED 2 Not while at work	De. PLACE OF INJURY (Hame, for factory, street, affice bldg.,		(Co	ounty)	(State
	1. I certify that (I) (this aw the deceased alive	111 11 11 11		ram FPIIIS		uses and an the		
	20. SIGNATURE  22. PHYSICIAN'S  NAME (Type)	Life	chan	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR   PHYS.	- May		SIGNED
23a. B	1720	TE THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (Cit	y, tawn, ar caunty)	(State	96
	Burial 5/	14/60	Parklaw ADDRESS		4 - 100	56. REGISTRAR'S SIG		
	Robert A. P	umphrey	Bethesda	, MarylandATE	MAY 1 3 '60	arilma &	Thomas	

midsel . 14/60 . Theretawn conscern . Martin, Clark im Robert ... Purportey Hetherca, Barylande NE

DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

ATE DEPARTMENT OF HEALTH	05000
ARCH AND RECORDS — BALTIMORE 1, MARYLAND	05900
FICATE OF DEATH	

1	502c CERTIFICATE C	OF DEATH
		AL RESIDENCE (Where deceased lived. If institution: Residence before admission)  TATE  Maryland  Montgomery
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
2		street address  6. Is residence on a farm?  7/6 Ogden Rd  9. Is residence on a farm?  YES \( \) NO P
	3. NAME OF DECEASED (Type or print) Sophia Middle	Last, 14. DATE Manth Day Year OF DEATH Mary 22 1960
	S. SEX    6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   B. DATE   WIDOWED   DIVORCED   8	OF BIRTH  9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS.    11 - 86   Manths Days Haurs Min.    7.3 yrs.   Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
		OTHER'S MAIDEN NAME  Birn Ke
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA IVES, no. or unknown. III yes, give wor or dates of service)	- / A / / · · · · · · · · · · · · · · · ·
A CONTRACTOR OF STREET	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  (c)	thritis INTERVAL BETWEEN ONSET AND DEATH 30 yrs.
	Jecondary An	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES \( \) NO \( \)
	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nature of injury in Part I or Port II of item 18.)
		INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) eet, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram. 5/22 1960, and that death of	1.5 1960, ta $5/22$ , 1960, that (I) (we) last accurred at $6^{25}M$ , from the causes and on the date stated above.
	Low SPONATURE M.D. P.	TIENDING MED. STAFF SIGNED STAFF SIGNED STAFF SIGNED
	1228-PHYSICIAN'S NAME (Type) ROBER F. DYER M.D.	1835 Eye St. N.W. Wash. 6 D.C.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM REMOVAL (Specify)  Bur-Transit 5/27/60 River Side.	ATORY 23d. LOCATION (City, town, or county) (State)  Cemetery Gas City, Indiana
	24. FUNERAL DIRECTOR'S SIGNATURE  Robert A. Pumphrey Bethesda, Marylan	2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE CITTLE A. Thank

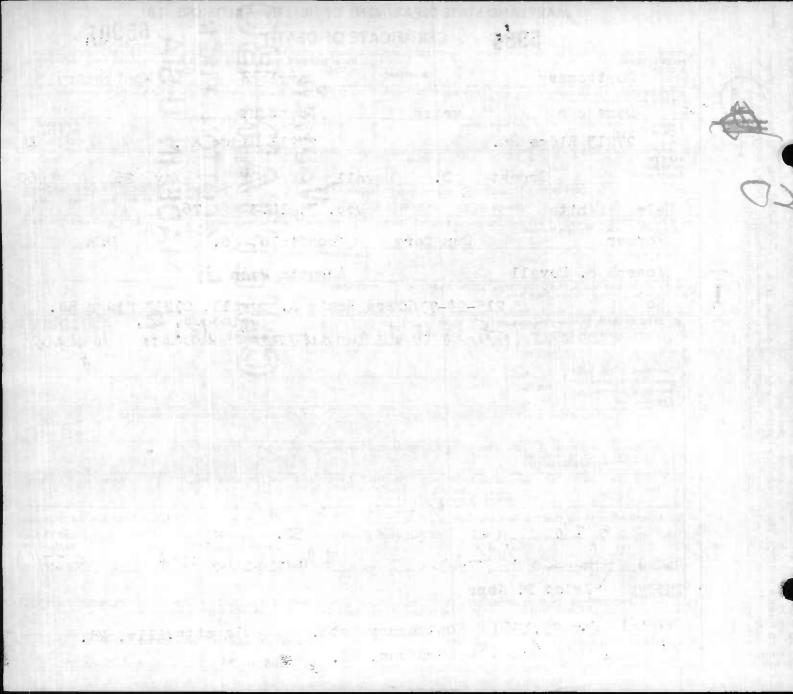
tranosamole W Sur-Transfer (5/27/60) hiver bide; crescry--6-8 Robert A. Fraguley Estheeds, Maryland ... www.

VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
5984	CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institutions o. STATE b. COUNTY b. COUNTY 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Damascus	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR.
d. NAME OF HOSPITAL (If not in haspital, give street		d. STREET ADDRESS

05901 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Mon	tgomery		MARYLAND	o. STATE	ce (Where deceo	sed lived. If institution b. COUNTY	on: Residence be	7	
RURAL and give ne	f outside corporate limitarest town)	ts, write	c. LENGTH OF STAY IN 16	07 -	N (If outside cor	porote limits, write R	URAL ond give n	earest town)	911
d. NAME OF HOSPITA	AL (If not in haspital, g			d. STREET ADDR		ige Rd.		e. IS RESIDEN ON A FAR YES NO	SW5
3. NAME OF DECEASED (Type or print)	fir Err	s est	Middle D1	lost IVA]]	4. DATE OF DEAT	,,,,,,,	- 0	Day Year	60
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Dec. 3.	1883	9. AGE (In years lost birthdoy) 76 yrs.	Months Doys	AR IF UNDER 24	HRS.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. 8IRTHPLACE	ield, I	country)	12. CITIZEN	OF WHAT COUN	JTRY?
I3. FATHER'S NAME  Joseph	M. Duval	11		Augus	ta Peni	2			
S. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 5-24-7360 Mr	INFORMANT	A. Duva	Add	ress 13 Ride	re Rd	
САТІС	the <u>under</u> DUE TO (c	)	CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THI	E TERMINAL DISE	ase condition giv	'EN IN PART 1(o)	19. WAS AUTO PERFORME! YES NO	D?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of inj	jury in Port I or P	Port II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	20d. It While of wor	Not while fo	LACE OF INJURY (Homocrory, street, office blo		lity or town)	(Count	y) (5	Stote)
21. I certify the alive on	James P	(	eO, and that deat	h accurred at 5					oaye.
220. BURIAL, CREMATION REMOVAL (Specify)		960	22c. NAME OF CEMETERY O			CATION (City, town,		(Stote)	
23. FUNERAL DIRECTOR'S	- N	ww	the Address Damascus	Ma 244	o. REC'D 8Y REG		STRAK S SPONAT	OKE•	-



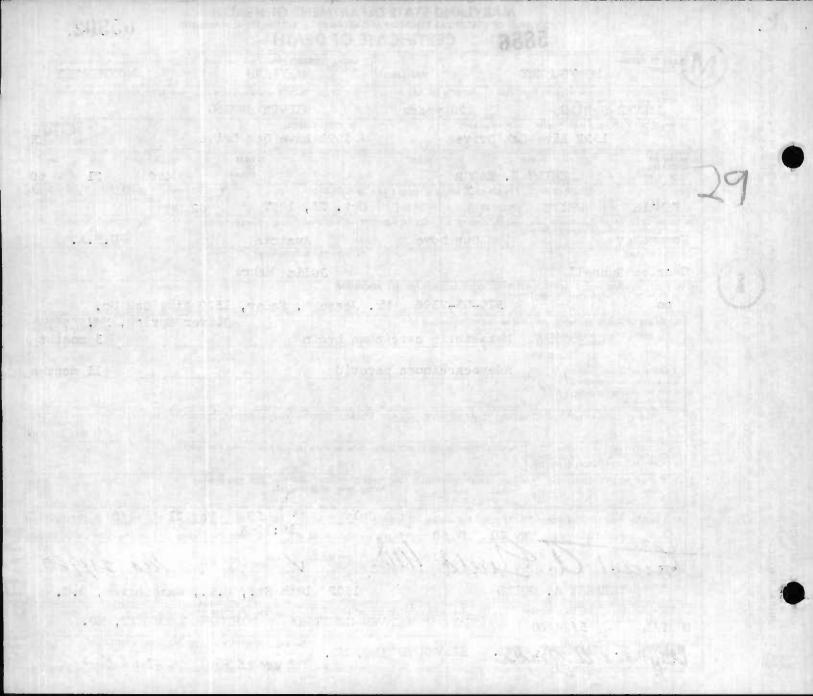
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05902

	288	CERTIF	ICAII	OF DEATH	Н				
PLACE OF DEATH	MONTGOMERY	MARY		o. STATE MARY	Where deceas	ed lived. If institution b. COUNTY		before admis	
b. CITY OR TOWN (I RURAL and give no SILVER	outside corporate limits, earest tawn) SPRING	write c. LENGTH OF STAY  20 years		c. CITY OR TOWN (1	If outside corp		URAL ond giv	ve nearest low	n)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give 1522 Live Oa			d. STREET ADDRESS 1522 Live	Oak D	rive		ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First EMILY I	Middle H. EADER		Lost	4. DATE OF DEATI	Man MA		Doy 21	Yeor 19 60
5. SEX FEMALE		MARRIED A NEVER MARRIE		Oct. 23, 18	397	9. AGE (In years lost birthdoy) 62 yrs.		YEAR IF UND	ER 24 HRS. Min.
100. USUAL OCCUPATION during most of work Homemaker	ON (Give kind of wark dar king life, even if retired)	Own home	r industr	11. BIRTHPLACE (Sto		country)		J.S.A.	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Charles Ru	ssell			Julia	Makre				
	R IN U. S. ARMED FORCE (If yes, give war or dales of servi			Jesse M. I	Eader,		Oak I		
	NTH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which (b) mmediate	e per line for (o), (b), and (c).  Metastatic ca:  Adenocarcinoma	reino			Silver Sp	, and	NOTERVAL BIONSET AND 3 MON	ths
OR CONTRIBUTING	AS UNDERLYING 20	TIONS CONTRIBUTING TO DEA					'EN IN PART	PERFO	AUTOPSY DRMED?
	MEDICAL EXAMINER) RY Month, Day, Year 19	20d. INJURY OCCURRED While Nat while at wark of work		E OF INJURY (Home, fo y, street, affice bldg.,		ty or town)	(Co	ounty)	(Stote)
sow the decea		attended the deceased 2, 20 19 60, and January 10 10 10 10 10 10 10 10 10 10 10 10 10		ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	May 21  the causes an  STAFF PHYS.   N.W., Was	May	date stated	d abave.  Rb. DATE SIGNED
23a. BURIAL, CREMATIC REMOVAL (Specify)	5/24/60	GATE OF I	ETERY OR CHEAVEN	REMATORY CEMETERY	23d. LOC. MON	TGOMERY C	OUNTY,	MD. (Sto	te)
24. EUNERAL DIRECTOR	I'd Biok	NC. SILVER S	SPRING	, MD DATE	EC'D BY REGI		STRAR'S SIGI		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05903

	3902 CERTIFICATE OF DEATH
1. 1	PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
(	COUNTY FLONT GOMERY MARYLAND "MARYLAND " MARYLAND " MARYLAND " D. COUNTY //LOINTGOME
ŀ	D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CLEY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	TAKUMA PAKK DOA 1501 UCK SPRING
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION OR Sh 1/VGTON OA PARM? YES NOW
-	
- 1	Type or print) WILLAM ANDREW Edelblut OF DEATH 5-29 196
. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR IF UNDER 24 HR.
0.	WIDOWED DIVORCED 27-13-87 yrs.
74 0	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. BIRTHPLACE (State or foreign country)
3.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	VIR. CINDREW Edelblut, 41/ WILLEMING BECKMAN
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  In nog or dipknown)   (If yes, give wor or dates of service)
	100 MRS, GRACE Edelblut DA
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  OCCUSE  CASE  CA
	420 al DUE TO 0 + 5 1 0 0 0 0
	Conditions, if ony, which) (b) Generallend Unterpolary 10 year
	gove rise to immediate cause (o), stating the under-
	lying cause lost. (c) brown (ttoin Elevoses 2 yea
CALICA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \[ \sum \ \no \sum \]
CEKIIPIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
5	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stot foctory, street, office bldg., etc.)
MEDI	Hour a. m.  p. m.  While Not while of work of work
	21. I certify that (I) (this hospital) attended the deceased fram. Dec. 15. 18 4ta May 29 1960 that (I) (we) la
	saw the deceased alive on May 29 1960 and that death accurred of M from the causes and on the date stated above
	226. SIGNATURE 22b. DATE
	M.D. PHYS.   MED. STAFF PHYS.
	22c. PHYSICIKN'S NAME/Type)  22d. ADDRESS
	John J. Curry /0620 Glassing for 5/29
30	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY
1	Durial 5/31/60 Cedar Hill Cemetery Suitland, Md.
4.	FUNERAL DIRECTOR'S SIGNATURE 2901 ADDRESS h St. N. W. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
-	The S.H. Hines Co. Washington 9, D.C. DATE MAY 31'60 Cully 8. Kinus

TO HOSP MAY BE retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, ar remaval, and in ony event, within 72 hours after death.

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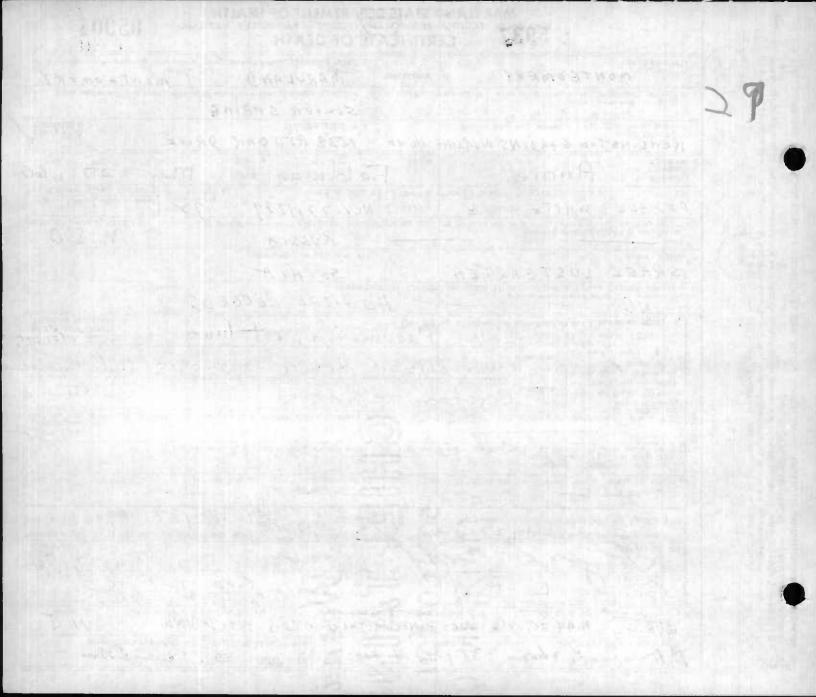
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	PLACE OF DEATH  O. COUNTY  MONTGOMERY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  MARYLATY)  b. COUNTY  MONT 6 ON RRY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Kensington	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If nat in haspitol, give street oddress) OR INSTITUTION INTERIOR GARDENS NURSING HOME	1 d. STREET ADDRESS  1.538 RED OAK DRIVE  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3.	NAME OF DECEASED (Type or print) Anne	Tele Way DATE Month Day Year OF DEATH May 27 1960
5.	Contract of the second	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Nov. 27, 1887  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  N. S-Q.
13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ISRAEL LUSTGARTEN	SOPH(A
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN  (Yes, no. or unknown)   If yes, give war or dates of service)   He was provided to the service of the service	OSPITAL RECORDS
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Lobar Previous  Out to	nonia, rtlung interval Between onset and Death of day
	Conditions, if only, which gove rise to immediate couse (o), stoting the under-lying cause lost.  (c) Core Sro-Sc	derosis Undetermine
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
		D. (Enter nature of injury in Part I ar Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 at work of wark 19 of wark	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an May 27 19 60, and that d	leath accurred at IRM, from the causes and an the date stated above.
		M.D. PHYS.   MED. STAFF   May 27, 1560
	22c. ANYSICIAN'S MAME (Type) - Ge L Ball	22d. ADDRESS 10620 Georgia avej Selver Sprang jard
23	23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	OTHERHOOD CEM WOODBINE N.J.
24	14. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS 3 (A) - 14 AL.)	DATE JUN 1 '60 CITTING S. FLOW

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TO OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 TO HOSP

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M. M. o.L.	v income	THE THE STATE OF		
	The state of the state of	Still and Hills		

#### FOR STATE HEALTH DEPT.

24 hours after death. If any dec. necessary, please Give Pages 1, 2, and 3 to the formal director. Page 1 farm PM3. Page 5 may be retained for your files. File pages 1 and 2 with the State Baard at Health, by event within 72 hours after death.

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•	×	4 shauld be farwarded to the Chief Medical Examiner's Office along with	-	or its designated agent, priar to burial, cremation, ar removal, and in ar
)	execute certificate, writing the word "pending" in pencil in Item 18.	4	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.	0
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05906 EDO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0300 me	~ 20c1 Fil	9	1.286 511	111	Duck .	Reg. Dist	. No.	
1. PLACE OF DEATH a. COUNTY MC	NTGOMERY	- MAI	RYLAND	2. USUAL RESIDENCE (W. o. STATE MARYL		ed lived. If institu		GOMERY	nission)
b. CITY OR TOWN (if a end give nearest town) BETHE	outside corporete limits, write #UI	c. tENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	autside corp		RURAL and g	give nearest to	own)
	N HOSPITAL	t in hospital, give street addr	ress)	d. STREET ADDRESS	CRISFI	ELD ROAD		ON	RESIDENCE A FARMS
3. NAME OF DECEASED (Type or print)	First MARGARI	Middle B.	F	Lost ISK	4. DATE OF DEATH	Month MA			Year 1960
5. SEX FEMALE	2.777.7775173	MARRIED NEVER MARRI		DATE OF BIRTH CT. 13, 1931		9. AGE (In years last birthday) 28 yrs.	Months De	YEAR IF UNI	DER 24 HRS. Min.
100. USUAL OCCUPATION during most of working Home make 1	life, even if relired)	106. KIND OF BUSINESS O	R INDUSTI	11. BIRTHPLACE (Stote Washing			12. CITIZE	U.S.A	
13. FATHER'S NAME JOHN BUCKLE	Y			14. MOTHER'S MAIDEN N MARIE		HINE STR	UDLEY		
	R IN U. S. ARMED FORCES			Arthur E. Fi	isk, 1	Address 2,820 Cr		d Rd.	1000
PART I. DEATH	H (Enter only one couse p H WAS CAUSED BY: MMEDIATE CAUSE (a)  DUE TO	Asphyxia	6		S	ilver Sp	ring,	NATERVAL BETWO	ATH
Conditions, if an gave rise to immedi (a), stating the vicause last.	nderlying DUE TO	Aspiration of Anesthesia		>	NAL DISEASE	CONDITION GIV	EN IN PART 1		AUTOPSY
S. C.	Pregnancy -2	2nd stage of 1	abor					PERF	NO 🖺
	TRIBUTING 1		d st	age of labor	- gen	eral ane	sthesi	9.	
20c. TIME OF INJURY Hour a. m. 4		20d. INJURY OCCURRED While Not while of work of work	facto	E OF INJURY (Home, form, ry, street, office bldg., etc.)		or town) esda, Moi	(Count ntgome:	, ,	(State)
		the remoins describe				-		Table 1	d in my
opinion death r	resulted from: Not	noschart	ident [	, Suicide , F		, Undete	rmined mo		SIGNED
EXAMINER'S NAME (Type) FR	ANK J. BROS	CHART		ASSISTANT MEDICAL E	-			5/30,	/60
220. BURIAL CREMATION REMOVAL (Specify) BURIAL	6/1/60	GATE OF H		CEMETERY		TON (City, town, o		MD.	•)
23. FUNERAL DIRECTOR'S	UMPHIEY, INC		ring	Md. 240. REC'D	N 2		TRAR'S SIGN	12	

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5007

CERTIFICATE OF DEATH

	0301		CLKIII	ICA	E OF DEA	1111			Reg.	Dist. No		
1. PLACE OF DEATH o. COUNTY Montgome			MARYLA	- 11	. USUAL RESIDENCE o. STATE Maryla	(Where d	leceased	lived. If instituti b. COUNTY		dence before		sion)
b. CITY OR TOWN RURAL and give Bether		s, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN	(If outside	e corpore	ote limits, write R	URAL or	nd give ne	arest town	1)
d. NAME OF HOS OR INSTITUTION Resmor-57		Li	ddress)	1	d. STREET ADDRES	-	Road					FARMA NO TO
3. NAME OF DECEASED (Type or print)	James	st =	Aloysic	ous	lost Flanagan		DATE OF DEATH	Mon		7	•	Year 1960
s. sex	6. COLOR OR RACE White	7. MARRII	DIVORCED		June 15,	1876	9	P. AGE (In years lost birthday) 83 yrs.			Hours	ER 24 HRS. Min.
during most of v	ATION (Give kind of work of working life, even if retired) Cant	lone 10b. K	retired	INDUSTR	11. BIRTHPLACE (S Chicag		reign cou	intry)	12.	U.S		COUNTR
13. FATHER'S NAME	Michael I				14. MOTHER'S MAID			ndon				10 · C
MINKADER			ame unknow		Mary UHe	1916	a Du	indon				
Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give wor or dates of se	16. S	36-05-110	Mrs.	Maryhell	en B	lack	,5818 So		a Roa	d,Be	th.,
	DEATH [Enter only one con DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	'k	for (o), (b), and (c).	ilu	~						ERVAL BI	DEATH
Conditions, is gove rise to couse (o), stoti lying couse lo	fany, which (b) immediate and the under-		in cm ou	-a	, pro	tale				2	tyes	1
s a	other significant coni	OITIONS CO	حت	9.0	ueral	200	0		EN IN P	'ART 1(0)	PERFC	AUTOPSY RMED?
	WAS UNDERLYING DEATH OF MEDICAL EXAMINER)	ZUB. DESCI	RIBE HOW INJURY (OCC	.URRED. (	tater nature of injury	y in Port I	or Port	II of item 18.)				
20c. TIME OF IN. Hour a. p. r	11.	While of work	Not while		OF INJURY (Home, y, street, office bldg.		f. (City o	or town)		(County)		(State)
21. I certify alive on	Robut 9.	decease _, 19 le			1957, to coursed at 6.1/	5AM	, fram RESS (Street	1960 the causes a pet city or town, better do	nd on		ite state	
PHYSICIAN'S NAME (Type)		d.	AMGL C	RY OR C	REMATORY	22d.	LOCATI	ON (City, Jown,	or county		(Stot	e)
REMOVAL (Spec	May 10	160	Moyal ADDRESS 17	Fels	n Comete	REC'D BY	8-4	AR 24b, REGIS	Lell STRAP'S	SIGNATIO	200	110
Idama	Flore	et a	Jones 711	309	War	MAY 1			Ila			

TO HOSPIP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be hed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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	Maria Herris Harris Har			

12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN Immediate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State) 1954, toMay 12, 1960that I last saw the deceased alive an May and that death accurred at 12:450 +300 the causes and an the date stated above. may be retained by the to the Brushard Director: A should be a sho ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL May PHYSICIAN'S M. McKendree Boyer, 9830 Main Street. NAME (Type 22b. DATE THEREOF 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) page Burial (Specify) National Mem. Park 16.1960 Falls Church. ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Damascus, Md. arthur S. Kraus

05908

e. IS RESIDENCE

ON A FARM?

YES NO

19

60

10 VS A1S (4) 1SM 9/SB

THE PROPERTY OF STATE OF THE PROPERTY OF THE P THE PERSON AS LEAST LINES AND ADDRESS OF THE PERSON AS A PARTY OF THE P April 1000000 attitude to the total and the total and the total The second of th ins the termination of the second of the sec in the second of Bearing a Side of Carlot Andrew Street Stree . Termina university of the Control and respect out of the season of the season

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VR A15 (4) 15M 9/59

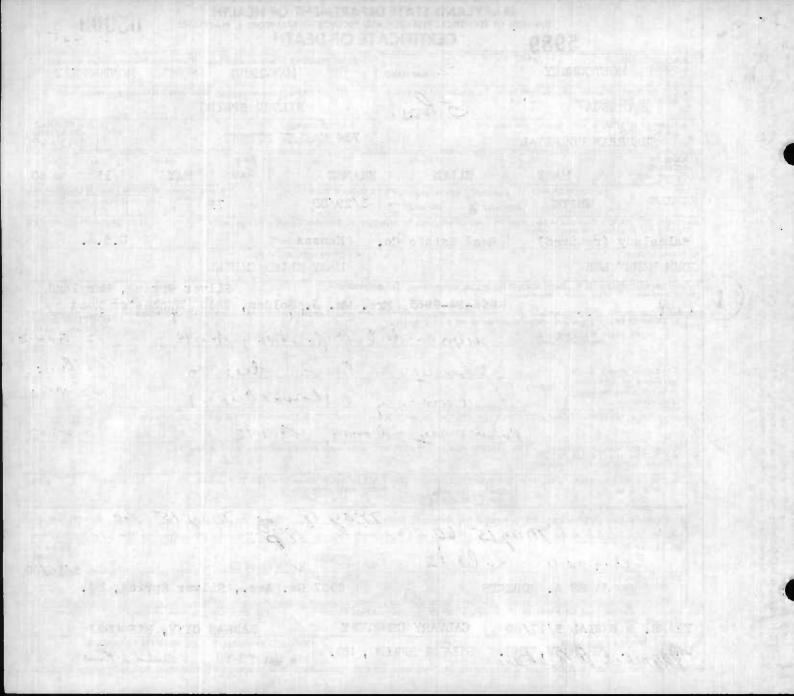
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5980

CERTIFICATE OF DEATH

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()	U	U	U	J

	PLACE OF DEATH	NTGOMERY		MAR	YLAND	a. STATE	Where decease	4			ore admiss OMER		
	b. CITY OR TOWN (I	foutside corporate limit carest town) SDA	ts, write	c. LENGTH OF STATE		c. CITY OR TOWN (  24 SII	If outside corpo		RURAL and	give ne	arest town	1)	
4	OR INSTITUTION	AL (If not in haspital, g AN HOSPITAL		address)		734 EASLES		T			e. IS RESIDENCE ON A FARM? YES NO TO		
	NAME OF DECEASED (Type or print)	MARY	st	ELLEN Middl		Last RANKE	4. DATE OF DEATH	Mo MAY	nth	15		Year 19 60	
	SEX EMALE	6. COLOR OR RACE WHITE	7. MARRI	DIVORC		1/29/85	Иы,	9. AGE (In years 75 birthday) yrs.	Months		Hours	Min.	
3	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Saleslady (retired)  13. FATHER'S NAME  JOHN HENRY LEE					. Kansas U.S.A.							
						14. MOTHER'S MAIDEN NAME MARY ELLEN CAHILL							
		R IN U. S. ARMED FOR (If yes, give war or dates of se	ervice)	SOCIAL SECURITY NO		Wm. J. Go		Silver 59				nd	
Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse last.  DUE TO  Coronau a clustion due for the couse (b), stoting the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS CONT									VEN IN PA	RT 1(a)	PERFC	AUTOPSY PRIMED?	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  p. m. 19 at work of work 19 at work 19 a												
230	saw the decea 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	JAMES A. RO	Ro BERTS	5-1960, an	d that dec	ath occurred of ATTENDING PHYS. 22d. ADDRESS 8907 Ga	MED. DIRECTOR  Ave.	STAFF	ond an the	g, M	stated 22 5/	abave b. DATE SIGNED	
24	TRANS & E	URIAL 5/17/	/60	CALVARY	CEMET SPRING		KAN:	SAS CITY	MIS				



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5990

### CERTIFICATE OF DEATH

05910

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marvland  Marvland						
b. CITY OR TOWN (If outside corporate limity, write RURAL and give nearest town)  Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda						
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 4503 Traymore St.	4503 Traymore St. e. IS RESIDENCE ON A FARM? YES NO						
(type or print)	Sr. Lost 4. DATE May 18, 1960 Doy Year 19						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  9/15/75  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.   Months   Days   Hours   Min.   Min.						
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)  Supt. of Bldgs & Grounds Bureau En							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James Thomas Gallahorn	Mary Elizabeth Gabriella Mullen						
[Yes, no. or unknown) [ (If yes, give wor or dates of service)	NFORMANT Address						
IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	James T. Gallahorn, Jr. same as #2						
Conditions, if any, which gove rise ta immediate couse (o), stoting the under-lying couse lost.  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT.	Interest of the Terminal Disease CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY						
ССАТІС	PERFORMED? YES NO						
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. 19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)						
ACTUAL GATAGE H Lewis ,	occurred at 6 100 A M, from the causes and on the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 1714 R T GAR MU Wish						
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 5/18/60 Cedar Hill							
23. FUNERAL DIRECTOR'S SIGNATURE 2901 Adoresta St. N. The S. H. Hines Co. Washington 9. D.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						

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		C 4 3 640		Te le popular
		Total In 1997		
	THE RESIDENCE OF THE PERSON OF			

## FOR STATE HEALTH DEPT.

TO DEPUT EDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any decoration is execute certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the feed discretar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any eyent within 72 hours ofter death.

VS. ATSME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5991MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea Dist No.

								weg. a.s.		
1. PLACE OF DEATH . o. COUNTY	Montgomery		MARYL		USUAL RESIDENCE (		ed lived. If institu b. COUNT			
and give negrest low	(If outside corporate limits, write it in) nesda	URAL C.	LENGTH OF STAY IN	1	Potoma		oorote limits, write	RURAL and g	ive nearest town)	
	tal or institution (if a	not in hospita	l, give street address)	1	d. STREET ADDRESS 10712 Burbank Rd.					
			Callista			-			YES NO	
3. NAME OF DECEASED (Type or print)	Joseph Ha	miltor	Galkiker Sakkker		Last	A. DATE OP DEATH	May 24		Day Year 19	
s. sex male	6. COLOR OR RACE 7	MARRIED [			19/1949		9. AGE (In years last birthday)  11 yrs.		YEAR IF UNDER 24 HF	
100. USUAL OCCUPATE during most of working tudent	ION (Give kind of work doing life, even if retired)	ne 10b. KIND	OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote	a or foreign c	ountry)	12. CITIZE	N OF WHAT COUNT	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME			-UDA	
Jos.	H. Galliher				Mildr	red Gro	ve			
(Yes, no. of unknown)	VER IN U. S. ARMED FORC	vice)		17. INFOR	mant ather-Jos	enh H	Address		. same 2	
No			lone	4.0	a otter -209	epii ii	Gerrin	101,01		
THE RESERVE THE PARTY OF THE PA	ATH [Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		(o), (b), ond (c).] eral cere	bral	contusion				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if	Conditions, if any, which (b) Left subdural hematoma									
gove rise to imme (o), stating the cause last.	underlying DUE TO	Struck	by autom	while	riding bi	cycle				
PART H. OT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOF PERFORMED.  Fracture of left femur									
PART II. OT	AUSE WAS DITTING D	truck		while	riding bi	cycle				
Zoc. TIME OF INJU	URY Month, Day, Year	20d. INJU	Not while	foctory, s	F INJURY (Home, for treet, office bldg., etc hway	c.)		(Count	y) (Stote	
21. I certify t	that I took charge of resulted from: No		A STATE OF THE STATE OF				spection			
ACTUAL SIGNATURE	Frank & B	nn	hart	М.					DATE SIGNED	
EXAMINER'S F	Trank J. Bros	chart			DEPUTY MEDICAL			5/25760		
220. BURIAL, CREMATI	5/27/60		Potomac				mac, Ma		(Stote)	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			'D BY REGIST		STRAR'S SIGN		
Robert	A. Pumphrey	y Bet	thesda, l	Mary	Land DATE M	AY 27'6	0 0	thur S. +	Trans	

SARVAND S ALEDDANASTMENT OF HEAVITH-TAXITICORE, IN ALTONOMY PRODUCE OF THE OWNERS OF PRODUCE AND PROPERTY OF amas . all tanial labora desagl acceptate Elizabeth Elizabeth Elizabeth Elizabeth et al. 1997 et 3/27/60 | Foronac Ch. O.m. | Palosas, Marylan Robert A. Bumphrey sephesda, Maryland L. Maryland

- 27A TE 291

05919

(State)

Virginia

23d. LOCATION (City, town, or county)

25b. REGISTRAR'S SIGNATURE

Orthur S. Hours

Arlington

250. REC'D BY REGISTRAR DATEMAY 1 3 '60

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Is after death. Page 4.		directar,	ॐ page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be jited with	1	6 -
death		uneral	ld be		
's after		y the	2 shar	(	7
A	į.	in k	pup		
ithin 2.		ely filled	Pages 1	the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.	
outed w		amplete	apers.	urs after	
be exec		and c	rban pe	72 hau	
ificate		hysician	nave co	t, within	1
ath cer		nding p	age rer	ny even	
the de		he atter	hen ple	nd in a	
es that		d by t	mit. T	aval, a	
requir	ian.	en signe	nsit per	ar rem	
he law	physic	has bee	rial-tra	natian,	
IAN: 1	tending	ificate	the bu	al, cren	
PHYSIC	ol or of	his cert	use as	ta buri	
DING	haspite	After t	hed far	h prior	
ATTEN	by the	CTOR:	detac	f Healt	
OR	may be retained by the haspital ar attending physician.	L DIRE	auld be	soard a	
OSP	y be re	UNERA	je 3 sh	State E	
TO H	ma	TO FI	Spd	the	
VR 15	A	9/	(4)		

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	5992	CERTIFIC	CATE	OF DEATH	1		110	U A	0	
1. PLACE OF DEATH o. COUNTY Montgomery		MARYLA		USUAL RESIDENCE (M STATE District o			n: Residenc	e befor	e admissi	ion)
RURAL ond give ne	outside corporote limits, write orest town) Rural)	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF Washington	outside corpo	orate timits, write RI	JRAL ond g	147	rest tawn	3
d. NAME OF HOSPITA OR INSTITUTION U. S. Nava	AL (If not in hospitol, give stre l Hospital	et address)		d. STREET ADDRESS  3700 Massachusetts Ave., N.W.  e. IS RESIDE						
3. NAME OF DECEASED (Type or print)	First Philip	Middle Ignati	us	Lost GANNON	4. DATE OF DEATH	Man Maj		Day 11		reor 1960
5. SEX Male	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED WED DIVORCED		7-30-95		9. AGE (In years lost birthdoy)	Months	Days	Hours Hours	R 24 HRS. Min.
Mariner 13. FATHER'S NAME	N (Give kind af work done 10 ing life, even if retired)	U. S. Navy		Washing	ton, D			S.A		OUNTRY?
(Yes, no, or unknown)		6. SOCIAL SECURITY NO.	17. INFOR	Anna Hunt MANT Irs. Alice		Addr non, same		2 al	bove	
Conditions, if on gave rise to in couse (a), stating t lying couse last.	he under-	Carcinoma Carcinoma	of t	che Prosto				ONS	RVAL BE	DEATH 🕝 .
A d	ER SIGNIFICANT CONDITION	a of the co	olon	(annulan	lesion		EN IN PART	1(a) 15	PERFO	RMED?
W 20c. TIME OF INJURY Haur a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  ( Manth, Day, Year 20d Whiot v	le Not while or work or work	0e. PLACE foctory.	OF INJURY IHome, for , street, office bldg., e	rm, 20f. (City	y or town)		aunty)		(Stote)
	t (1) (this bespital) atte ed alive an May 10 John Hos			h accurred at 4:	5.5%, fram	May 11 the causes an			stated	SIGNED
NAME (Type)	John Wood DAV	S. LT. MC. U	SN		val Ho	spital, F	ethes	da,	Md.	

23c. NAME OF CEMETERY OR CREMATORY

Sons, 1756 Pa. Ave., NW, WashDC

Arlington National

23a. BURIAL, CREMATION, 23b. DATE THEREOF

Buria

.... A. He age still check at the 

05012

CERTIFICA	ATE OF DEATH	Reg. Dist. No.						
MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE  Maryland	b. COUNTY	dence before admis					
c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL on	-	4				
Home	d. street Address 24218 Cumber	7	7 ON /	SIDENCE A FARM? NO X				
astrapes Middle	Garland DATE OF DEATH	May May	26	Year 1960				
RIED NEVER MARRIED	8 PATE OF BIRTH 9.	AGE (In years IF UND lost birthdoy)  Amonth  AGE (In years IF UND Month)	4	Min.				
KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign count		CIES					
derland	14. MOTHER'S MAIDEN NAME  HUIR  NFORMANT	Mara.						
/ _	s. Albritton-Dau		e as 2d					
ne for (o), (b), and (c).]	Sinus THROMBO	SIS	ONSET AND	DEATH				
AL CELL CA	RCINOMA OF FAC	E	6 YEI	256				
/	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN P	PART 1(o) 19. WAS PERFO YES	AUTOPSY ORMED?				
CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II	of item 18.)						
NJURY OCCURRED 20e. PL Not while for work	ACE OF INJURY (Home, form, 20f. (City or ctory, street, office bldg., etc.)	town)	(County)	(Stote)				
ed fram MAY 2	5, 1954 to MAY 2	6_, 1960, that 1	last saw the	deceased				
and that death		e causes and an t		d above.				
Le_	M.D. 5009 Dez Ray A	VE BETTI	ESDA, MU.	5/26/				
gle	5009 Del Ray A	ve. Bethe	sda, Mo	l				
22c. NAME OF CEMETERY O		N (City, town, or count						
Poelousas	Cath. Cem Opel  240. REC'D BY REGISTRAI		SIGNATURE	1				
	aryland DATMAY 27'60	Critica &						

VS A15 (4) 1SM 9/S8

Bur-Transit 23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

after deoth.

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24

HIALA PARENTHINGS MICH. CORT Maryland Stant Vybra THE PROPERTY OF THE PROPERTY O Mrs. Viller Bond tone Great that was us 20 the state of present the Maly of the last terms of the same of W. H. Roberts G. Anglein. Son Tell Lay Aw. U. Shoefal, held Bra-Transfit & 15/60 | 'calquena catta Car | calquena boulation Seberrot, Caroliner darked, barriand and the terminate

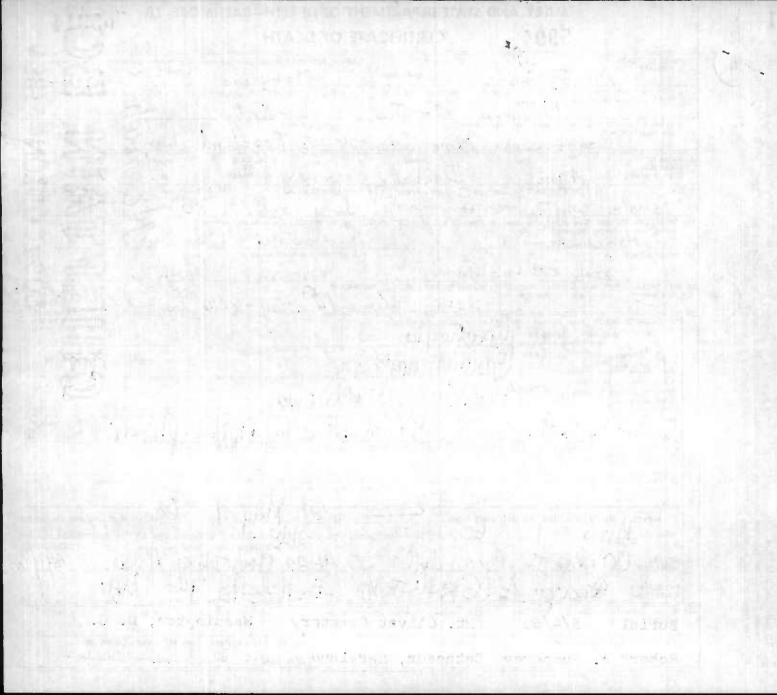
VS A1S (4) 15M 9/SB

M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5994

### CERTIFICATE OF DEATH

C 0 0 3				Reg. Dist.	No.
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (W			before admission)
Montgomery	MARYLAND	Max	-yland	OUNTY Mon	Laomety
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL and give	e nearest tawn)
Bethesa	12 months	100 Roc	Kville		
d. NAME OF HOSPITAL (If not in hospital, give street and OR INSTITUTION)	Idress)	d. STREET ADDRESS	1 1	1	e. IS RESIDENCE ON A FARM?
Congressional	Manot San.	6016 1	oseland	Lane	YES NO I
3. NAME OF First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) Agnes	sabelle	Gray	DEATH	4	1 1960
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I		YEAR IF UNDER 24 HRS
Temale white WIDOWED	DIVORCED [	UUI4 13	1879 80	yrs.	dys 11001s Will.
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)</li> </ol>	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZE	N OF WHAT COUNTRY
Homemaker		West	ict of Colu	mela	4.8.4.
3. FATHER'S NAME	Λ	14. MOTHER'S MAIDEN	NAME O	/	
gach. Wonal	dson	daw	ia A	agen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) [ (If yes, give war or dates of service)	OCIAL SECURITY NO.	NFORMANT	6.11	Paddress P	Cockvel
no	none W.	anald 6. The	24-6016	loseland La	me, Md
1B. CAUSE OF DEATH [Enter only one couse per line	for (d), (b), ond (c).]		1		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cheyra.				
DUE TO	Acres ! as	1			Desprov
Conditions, if ony, which ) (b)	MANN COUNTY	Sis			7 Johnson
gove rise to immediate cause (a), stating the under-	Luia. De	avalla			2 415.
lying couse lost. (c)	Minn a	MULLIN MA	) ,		9
PART II OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDIT	ON GIVEN IN PAPT	(o) 19. WAS AUTOPSY PERFORMED?
3 yorlax my pervision	due 6 can	CUMOSONA IN	Libtration	alliver.	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item	18)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			V		
	f-	ACE OF INJURY (Home, for ctary, street, affice bldg., e	m, 20f. (City ar town)	(Cou	inty) (Stote
Hour o. m.  p. m.  19 While of work	IAOI MIIIE	city, street, dirice bidg., e	4	1	
21. I certify that I attended the deceased	from	- 19 3/ to	1du	190 Chat I last	sow the deceased
17	Λ	occurred at	M. from the cou		
	)	OU T	ADDRESS (Street, city		DATE SIGNE
SIGNATURE OCCUPANTA ON	al way	MD HHAR	Edet-The	I HWALL	5/1/8
(h 1. 1. 1	04-11-501	h 0 11	1	110	
PHYSICIAN'S DEOT BE THE	SKAYLK	De V	2502 1	4. ME	- 1
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City	, towl, ar county)	(Stote)
Burial 5/4/60	Mt. Olivet	Cemetery	Washing	ton, D.	G.
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REG	C'D BY REGISTRAR 24	b. REGISTRAR'S SIGN	ATURE
Robert A. Pumphrey H	Bethesda. M.	aryland DATE	100	Christma S. 1	King



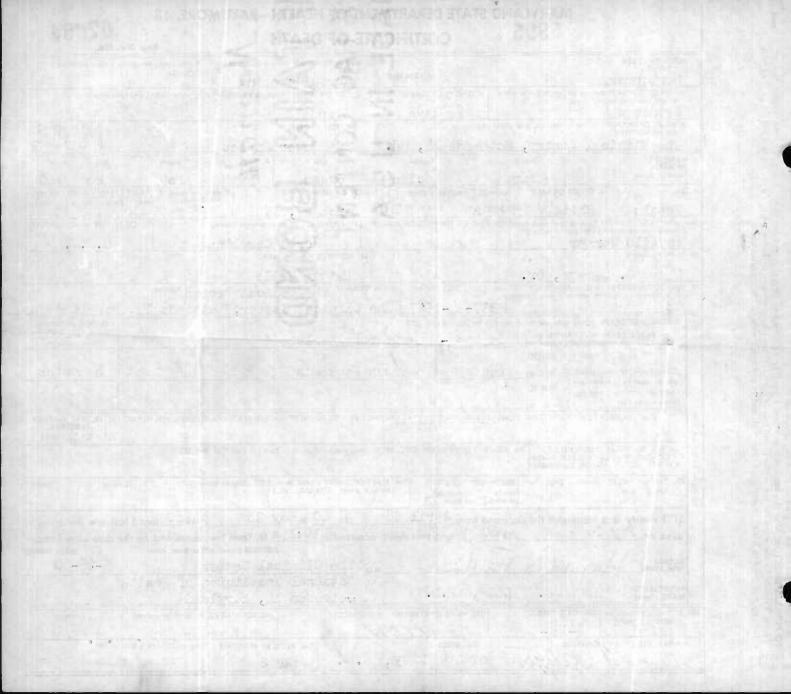
rs after death. Page 4 funeral directar, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ned by the haspital ar attending physician. TO HOSPI

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10 HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ms after		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the		
7	51	415	(4	)
1	>M	10	13	-

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
5995	CERTIFICATE OF DEATH	Re

		U	7	0	6	4	
g.	Dist.	No		1		·K	

1.	o. COUNTY Montgomer	Montgomery Maryl					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE North Carolina							
	b. CITY OR TOWN (If RURAL and give ne	autside carporate lim	its, write	c. LENGTH OF STAY	(IN 16				rate limits, write R	URAL ond g	give nearest	town)		
	Bethesda	uresi iuwiij		28 days	5		dale			n X	-			
	d. NAME OF HOSPITA	AL (If not in haspital, s	ive street			d. STREET ADDRESS e. IS RESIDENCE								
7		cal Center	Bet	hesda 14.	Md.	209 Power Street								
3.	NAME OF DECEASED	Fi		Middle		Lo		4. DATE	Man	th	Day	Yeor		
	(Type ar print)		ary	Luci		Gro	se	OF DEATH	Ma:	v	26	1960		
5.	SEX	6. COLOR OR RACE	7. MARE	TED NEVER MARR	IED 🔲	B. DATE OF BIRT	ГН		9. AGE (In years		1 YEAR IF	UNDER 24 HRS.		
	Female	White	WIDOWI			March	27. ]	1902	last birthdoy) 58 yrs.	Manths	Days H	ours Min.		
10	a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS			ar foreign co		12. CIT	IZEN OF W	HAT COUNTRY?		
	Textile W		<b>'</b>	Textile			North	Carol	ina		U.S	Α.		
13	. FATHER'S NAME					14. MOTHER'S					0.0	27.0		
	Henry C.	Carson, Sr				Hatt	ie Wel	lls						
15 (Y	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). 17. IN	FORMANT T	he Med	lical	Record Add	ress	-			
	No	yes, give wer or deres or s	2	37-34-1567							Mary]	land		
	No   237-34-1567   The Clinical Center, Bethesda 14,											INTERVAL RETWEEN		
	PART I. DEAT	H WAS CAUSED BY:	, Ca	rdio - Res	pira	tory Fa	ilure				ONSET AND DEATH			
1	204	DUE TO								1-1-1				
	Canditions, if an	y, which ) (b	Ac	ute Myelog	renou	s Leuke	mia				4 Months			
	gove rise to im couse (a), stating to													
	lying cause last.	(c	)											
Z	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. V	/AS AUTOPSY		
18	The second										P	ERFORMED?		
CERTIFICATION		CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRED	). (Enter nature o	of injury in F	Part I ar Part	Il of item 18.)					
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yes	While	JURY OCCURRED  Not while of work	20e. PLA fact	CE OF INJURY ( lary, street, affic	(Hame, farm, e bldg., etc.	20f. (City	or town)	(C	county)	(State)		
	21. I certify the	at I attended the	decease	ed fram April	. 28	19 60	O to May	7 26	1060	thet I I	ast saus	the deceased		
	alive on May	26	196						the causes a	nd on th	usi suw	Antad -b		
			_			accorred di			reet, city or town,		ie dale s	DATE SIGNED		
	ACTUAL SIGNATURE	( blacet	1	11/00	A	The (		al Cer		230	5-20	5-60		
					,,				utes of I	lealth	1			
	PHYSICIAN'S NAME (Type)	HAROLD J.	FALL	N, M.D.			esda l		ryland					
22	BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY OR				ION (City, town, o	r county)		(State)		
1	REMOVAL (Specify) Burial	5-28-1	960	BRI:	ton	/			erford		TT ~	,,		
23.	FUNERAL DIRECTOR'S			ADDRESS			24a. REC'E	BY REGISTI		TRAR'S SIG	NATURE			
2	Herres -	Kelyu	5 F	orest Ci	ty,	N.C.	DATE	6 '60	Cost	in 8. 1	Francis			



TO HOSP

VS A1S (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5996 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Montgomer	У	MARYLA	O STATE	SIDENCE (Where o		. If instituti b. COUNTY Saint			e admiss	ion)	
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, v	write c. LENGTH OF STAY IN	c. CITY OF	R TOWN (If outsid	de corporote li	mits, write R	URAL ond	give nea	rest town	)	
	Bethesda	aresi rowny	30 days	Great	Mills				187	4-02		
)[	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	street oddress)	d. STREET							FARM?	
-			Bethesda 1/1, M		reet add					TES [	NO K	
3.	NAME OF DECEASED (Type or print)	First Anita	Middle Beatric			DATE OF DEATH	May	nth	Day 14		Yeor 19 60	
S	. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIR	TH	9. AC	E (In years	IF UNDER	-	IF UNDE	R 24 HRS.	
	Female		DOWED DIVORCED		er 11, 1	.907 5	birthdoy) 2 yrs.	Months	Days	Hours	Min.	
10	o. USUAL OCCUPATIO	N (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY 11. 8IRTH	PLACE (State or fo	oreign country		12. CITI	ZENOF	WHATC	OUNTRY?	
	Housewife	ing life, even if refired)	None	M	aryland			I	J.S.	A -		
13	B. FATHER'S NAME				'S MAIDEN NAMI	E						
	Perry Abe	11		Sara	h Fulton							
15	V		? 16. SOCIAL SECURITY NO.		he Medic		bbA bro	ress				
		If yes, give wor or dates of service		The Clini					Mam	rrl on	3	
1		PLI (E )		THE OTHER	car delle	er, be	onesue	2 149		ATSTITE		
	The state of the s		per line for (o), (b), and (c).]	2 - 2 1					ONS	ET AND	DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute Myocardial Infarction & Irreversible Shock Hours											
	420	DUE TO										
	Conditions, if or											
	couse (o), stoting											
-	lying couse lost.	) (c)										
ğ	PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL	DISEASE CON	IDITION GIV	EN IN PAR	T 1(o) 15	9. WAS A	RMED?	
- 2		Epidermoid (	Carcinoma of To	ongue		15.319				YES 🔀	NO 🗌	
CEPTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in Port	i or Port II of	item 18.)					
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while of work of work	De. PLACE OF INJURY foctory, street, offi		Of. (City or to	wn)	(0	County)		(Stote)	
	21. I certify th	at I attended the de	ceased fram April	4 196	O, to May	r 4	1960	that I la	ist saw	the d	eceased	
	alive on Ma			eath occurred a								
	1	1		cam occorred a		RESS (Street), o			- daic		E SIGNED	
	ACTUAL SIGNATURE	Tordon C.	Thomas	The	Clinica	7 Cent	er	May	5.	1960	)	
	National Institutes of											
	PHYSICIAN'S NAME (Type)	GORDON C. SHA	ARP, M.B.		hesda 14			110001				
2	O. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMET	ERY OR CREMATORY	22d	. LOCATION	City, town,	or county)		(Stote	e)	
	REMOVAL (Specify) Burial	5/7/60	St. Jose	ph	M	organz	a.		1	Md.		
23	B. FUNERAL DIRECTOR	SSIGNATURE	ADDRESS	T	24a. REC'D BY		_	STRAR'S SIG	GNATUR	RE		
W	.Clarke Ma	ttinglev Leon	nardtown. Marv	land	DATE MAY	0 '60	a	thun 8.	Krau	4		
			ADDRESS nardtown, Mary	land								

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		PROPERTY OF STREET	
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TO HOSP

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5997 CERTIFICATE OF DEATH 5997

	1. PLACE OF DEATH a. COUNTY Montgome:	ry		MARY	AND	2. USUAL RESIDENCE (WE o. STATE Virginia	nere decease	ed lived. If instituti b. COUNTY	on: Residence be	fare admission)
		I (If outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If a	outside corpo	orote limits, write R	URAL ond give n	earest town)  3 X - 3
051	OR INSTITUTIO	PITAL (If not in hospital, g				d. STREET ADDRESS Qtrs. 2795-I	), Mar	ine Corp	s School	e. IS RESIDENCE ON A FARM? S YES NO
£	3. NAME OF DECEASED (Type or print)	Fii Reb	ecca	Middle Ann		Last HALE	4. DATE OF DEATH	Mar Ma:	1	Day Year
deo	5. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIE	DIX	B. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HRS.
fe	Female	Caucasian	WIDOWE			2-29-60		last birthday) yrs.	Months Days	Hours Min.
2 haurs a	10a. USUAL OCCUPA during most of w None	TION (Give kind of work orking life, even if retired	done 10b. I	KIND OF BUSINESS OF	- INDU	STRY 11. BIRTHPLACE (State Virgin	nia	country)	12. CITIZEN	A.
in 72	13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME			
if i	Walter 1	Dillard HALE				Elizabeth H	CKENR	RODE .		
I Seent.	13. WAS DECEASED E ()es. no. or unknown)	VER IN U. S. ARMED FOR	ervice)	social security no.	17. IN	rormant ') Walter D. H	Hale,	same as		
maval, and in any		immediate Dus To	5TO	te for (o), (b), and (c).}	js	eal Proceed afres	un	ion in		TERVÁL BETWEEN NSET ÄND DEATH
I, crematian, ar ro	20a. ACCIDENT	_ ' ''	IDITIONS <u>C</u>			NOT RELATED TO THE TERM  D. (Enter nature of injury in			VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES 🙀 NO 🗌
ta burio	20c. TIME OF INI Hour o. r p. r	n. 10	ar 20d, IN While ot work	Not while	20e. PL for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (Cit	ty or town) .	(County	y) (Stote)
Board of Health priar		1		19 69, and	that o	leath accurred at 2:2	ED.	STAFF PHYS.	nd an the da	22b. DATE SIGNED 5-5-60
the State	230. BURIAL, CREMA REMOVAL (Spec BURIAL) 24. FUNERAL DIRECTO J.E. Myers	OR'S SIGNATURE	60	23c. NAME OF CEME ADDRESS Westminis	is	Cernetory 256. REC	D BY REGIS	ATION (City, town, STRAK 25b. REGIO	or county)  STRAR'S SIGNAT  Thuy S. Kra	(State) URE
Mors GR	See The Control of th						Jan 1	Thorac	51.20	TEU I

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VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18	
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		5	925	CERT	IFICA	ATE OF DEA	ATH			Reg. D	ist. No.		
1	PLACE OF DEATH	ant gom	ons	MARY	YLAND	o. STATE	CE (Where doce		f institution	oni Reside	Con	re odmissi	on)
	b. CITY OR TOWN (IF RURAL ond give ner	outside corporate limitarest towns	its, write c.	LENGTH OF STAY	1N 1b	c. CITY OR TOW	'N (If outside co	orporote limits	, write Ri	URAL ond	give nec	crest town	1
	d. NAME OF HOSPITA			'ess)		13621	ESS GIA	nmo	ror	-	2		DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Herbert	7	Middle		H2/1	4. DAY		Mos	th Oil	200	-	rear 19 60
5.	SEX M	6. COLOR OR RACE	7. MARRIED	DIVORCE		B. DATE OF BIRTH Mar. 17,	1889	9. AGE (	In years rthdoy)  1 yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
	Garage Ma	ing life, even if retired	)	Contin		al Washir	agton.			12. C	ITIZEN C	F WHAT	COUNTRY
		as Levi H				Phoebe		g Hal	1				
15	S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of i		7-05-31		renneth D	Hall	5917	Wal		Bet Rd.	hesc	la,Mo
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	/	or (o), (b), and (c)	ti	o ha	nt	fil	un	0	INTI	ERVAL BE	DEATH
	Conditions, if on			onono	m	INSUM	Ticien	16			IN	4	6
	gave rise to in cause (a), stating t lying cause lost.			orcin	on	notasis							
CEPTIFICATION	PART II. OTH	-0-0-3	IDITIONS CON	TRIBUTING TO DE	ATH BUT	GASTY	- 11	EASE CONDIT	TION GIV	EN IN PA	RT 1(a) 1	9. WAS A PERFO YES	NO NO
1		S UNDERLYING OF CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	Non!	CCURRE	D. (Enter noture of inju	ury in Port I or	Part II of iter	n 18.)				
MEDICA	Hour o. m.	Month, Day, Ye	or 20d. INJUI White of work	Not white	20e. PL	ACE OF INJURY (Hometary, street, office bld	e, farm, 20f. ( g., etc.)	(City or town)			(County)		(Stote)
	21. I certify the	at Lattended the	deceased	~	death	19, 1956, to	-116	7 26.					
	alive on												
	PHYSICIAN'S NAME (Type)	BHN 3	B. U	MHAU	/	Che	ug li	1250	15	-10	2/		
27	Po. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	5/28/60	5		ek	Cemetery	Was	cation (cir hingt			C.	(State	÷)
	he S. H.		) e	ADDRESS Wa 2901 14	th:	ngton, DG40 St.N.W. DA		GISTRAR 2		STRAR'S S			

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CERTIFICATE OF DEATH

	0.95.5				Keg. Dis	T. 140.
1. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. I	institution: Resident COUNTY	te before admission)
b. CITY OR TOWN REAL HOLDING	(If outside corporate limits, write opened town)	c. LENGTH OF STAY IN 16 4 months		f outside corporate limits IKONMA, LONG		jive nearest town) 69X-3
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, give street 3314 OBERON ST.	oddress)	d. STREET ADDRESS 5 RICHAR	RDS AVENUE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First EDWARD	T. F. HAM	ER, SR.	4. DATE OF DEATH	Month MAY	Day Year 8 19 60
5. SEX MALE	6. COLOR OR RACE 7. MARI WHITE WIDOW		B. DATE OF BIRTH 5/11/83	9. AGE ( lost bi 76	tn years IF UNDER rthdoy) Months yrs.	1 YEAR IF UNDER 24 HRS Days Hours Min.
during most of wo	ION (Give kind of work done 10b. rking life, even if retired) gineer (retired)			te or foreign country) City, N.Y.		IZEN OF WHAT COUNT
13. FATHER'S NAME Ernest	Hammer		14. MOTHER'S MAIDEN	name ne Tyrell		
15. WAS DECEASEDEV (Yes, no. or unknown) unknown	(If yes, give war or dates of service)		nFORMANT . Ernest Ham		Address beron St.	
Conditions, if gave rise to casse (0), stoting lying couse tost	the under-	Moron	ary O	celus	im	i dat
CATIC	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	TION GIVEN IN PART	1 (0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	in Port I or Port II of item	18.)	
20c. TIME OF INJU Hour o. m.	While	NJURY OCCURRED 20e. Pl Not while th of work	ACE OF INJURY (Home, for ictory, street, office bldg., o	erm, 20f. (City or town)	(0	County) (Stote
21. I certify alive an ACTUAL SIGNATURE	that I attended the decease  194  194	and that death	1 accurred at 12 (M.D. 16624	M. I	ouses and an th	last saw the decea ne date stated abo DATE SIGN
NAME (Type)	JOHN J. CURRY ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City		(Stote)
23 FUNERAL DIRECTO	PUMPHRAY INC.	ADDRESS SILVER SPRING	240 PF	BRONX, NE	46. REGISTRAR'S SIG	and the same of th

irs after death. Page 4

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may be ined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 TO HOSP

VS A15 (4) 15M 9/55

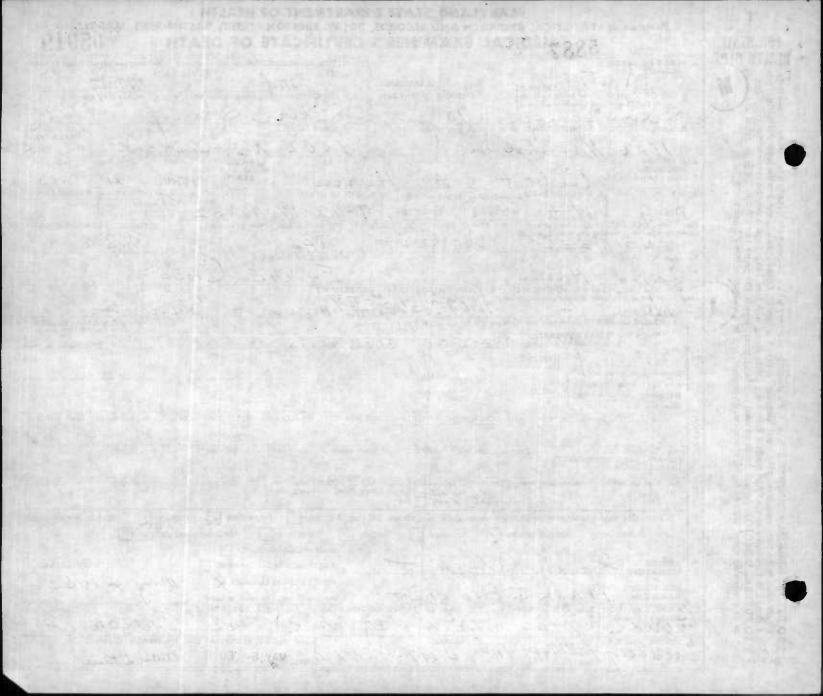
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## FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 588-MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15919)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If instituti	ine. Paridones before admission)
a. COUNTY	a. STATE b. COUNTY	ion: Residence Delore admission)
Maryland Maryland	me	monta
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURA	L end giv naarast town)
write RURAL and give negrest town	20000	
Silver Sping 10 /25	delver spring	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sy at address)	d. STREET ADDRESS	e. IS RESIDENCE
1000. Novature	1000 11000	ON A FARM? YES NO K
3. NAME OF First Middle	Last 4. DATE Month	Day Year
DECEASED O A	OF	Day 1001
(Type or print) Cellet A. H.	arrie DEATH May	H 1960
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B		DER 1 YEAR   IF UNDER 24 HRS.
but a land in the second in th	7 - 12 - 18 " 7 last birthdey Mont	hs Deys Hours Min.
Wale White WIDOWED DIVORCED	7-12-1407 32 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stata or foreign country)	. CITIZEN OF WHAT COUNTRY?
ENGINEER U.S. GOUT	IA-	91-5 6
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,
A - 1/	E 11 - 1 22-6	
Laure Harri	FANNIE CHUE	
	NFORMANT Address	
(Yes, no, or Inkown) (If yes give war or dates of service) 198-07-275/	= 11/11-11	-
- 10 CHIST OF DEPTH (5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	The Home - Jeen	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary of	r leure m	andre.
112 6 4		- Activities
DUE TO		
Conditions, if eny, which (b)		
gava risa to immediate ceuse		
(a), stelling the underlying		A CONTRACTOR OF THE CONTRACTOR
	AT BELATED TO THE TERMINAL DISEASE COMBITION CIVEN IN	DART II II IO WAS AUTODSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	A KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES NO
PART II. OITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  OF CONT	Enter natura of injury in Part I or Part II of item 18.)	
PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., atc.)	(County) (Stata)
	ory, shoot, office order, area,	
	Handalan D. Landin D. L. C.	1
21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection , Inquiry	, and in my opinion
death resulted from: Natural causes 📝, Accident 🗍, Suic	ide, Homicide, Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL L. A. R. L. +		DATE SIGNED
SIGNATURE TRANK	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S TO A TO A	DEPUTY MEDICAL EXAMINER Mae	141960
NAME (Type) ThANK J. Broschart	Address (Streat, city, town, or county)	
22 QURIAL, CREMATION, 226. MATE THEREOF 226. NAME OF CEMETERY OF	CREMATORY   22d. LOCATION (City, lown or con	untry) (Stata)
PARMONA (Special State) (100 NAT'L ME	m Hafr Fails (U)	IPOH VA
The same of the sa	THE THE	7-0-17
20/1FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR	R'S SIGNATURE
Holately Treces Home 4217-9.	-STUCE DATE MAY 6 '60 arthur	S. Krays

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in spreadent within 72 hours after death. VS. A15ME 5M 7/59



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5998 CERTIFICATE OF DEATH

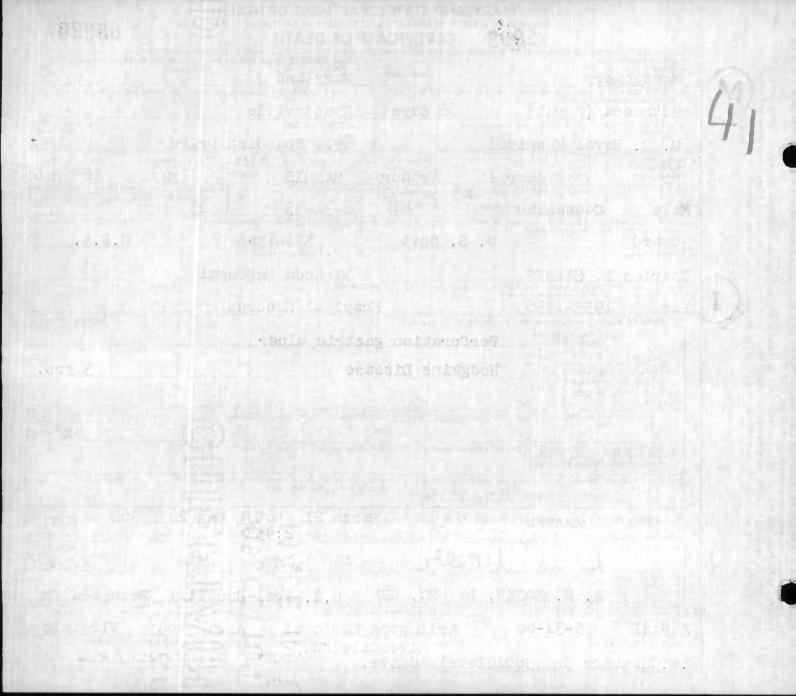
05920

	1. PLACE OF DEATH 6. COUNTY Montgome	ery		MARYLA		usual residence (w o. STATE Maryland	here decease	b. COUNTY	an: Residence	before ad	missian)
		f outside corporate limi	ts, write c. l	LENGTH OF STAY IN	1 16	c. CITY OR TOWN (IF	outside corpo	orote limits, write R	URAL and giv	ve nearest t	own)
	Bethesda			66 days	S	Hyattsvi	lle			641	. 2
1	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street addr	ess)		d. STREET ADDRESS					RESIDENCE
		val Hosp	ital			6916 Sta	ndish	Drive			□ NO 🖸
	3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mon	th	Day	Year
	(Type or print)	Ge	orge	Arthu	ar	HARRIS	DEATH	Ma	У	26	19 60
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	☐ B. D.	ATE OF BIRTH	5.100	9. AGE (In years lost birthdoy)			NDER 24 HRS.
	Male	Caucasia	WIDOWED [	DIVORCED		8-31-33		26 yrs.	Months D	Doys Ho	urs Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work ing life, even if refired	dane 10b. KINI	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e ar foreign (	country)	12. CITIZ	EN OF WH	AT COUNTRY?
	Guard	ing me, even in terrieu		S. Govt		Mich	igan		U.	S.A.	
	13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
	Charles S	HARRTS				Miranda	Mc Dou	iga l			
	15. WAS DECEASED EVEL			IAL SECURITY NO.	17. INFOR		110200	Add	ress		
	Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		Hos	spital Re	cords				
		TH Enter only one co	use per line fo	r (a) (b) and (c) 1	1101	3DT 007 110	COLGE			INTERVA	L BETWEEN
	Conditions, if or gove rise to it cause (o), stoting lying cause lost.	mmediate (	Hod	gkins Di	iseas			se condition giv	'EN IN PART	1(o) 19. W	REORMEDY
,	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				nter nature of injury in	1	43	IC.	Ounty)	NO [
	20c. TIME OF INJUR Hour a. m. p. m.	19	While at wark	Not while		street, office bldg., et		,		5511177	(0.000
	saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		26 SER, I	19.60 and t	M.D.	ATTENDING DATE  ATTENDING DATE  22d. ADDRESS  U.S.Nav	VED.	STAFF	d on the	date sta	226. DATE SIGNED 2660
	23a BURIAL, CREMATIO REMOVAL (Specify) Burial			Arling		Mational		ation (City, town, clington		Virgi	Stote) nia
	24. FUNERAL DIRECTOR		00107	ADDRESS Riv	erda		O'D BY REGIS	STRAR 25b. REGI	STRAR'S SIGI	NATURE	
	W.W.Chambe	ers co.,5	OUTCIE	everand	ave.	DATE	PAIL I	-	J. 2.	/ USAMUM	

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 safter death. Page of may be reached by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate	may be remanded by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia	page 3 shauld be detached far use as the burial-transit permit. Then please remayers	the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours a	
VS 1S/	A1 N 9	S (	4)		

		599	P	CERT	IFIC	ATE C	F DEAT	TH			Reg. D	ist. No		ш.
1.	LACE OF DEATH COUNTY Mont	gomery		MAI	RYLAND	2. USUA o. STA	RESIDENCE (		ed lived. If ins b. COU	INITY	n: Reside			sion)
	D. CITY OR TOWN (If	outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CIT	Y OR TOWN (I	If outside corp	orate limits, w	rite RU	RAL and	give ne	arest town	n)
В	ethesda	arest town)		59 days		//Tal	coma Pa	rk						
	OR INSTITUTION	AL (If not in hospital, s	give street	oddress)		/ d. ST	REET ADDRESS						e. IS RES	FARM?
T	he Clinica	l Center,	Beth	esda 14, M	ld.	74	Ol Hanc	ock Ave	enue					NO X
	NAME OF	Fi	rst	Midd	le		Lost	4. DATE		Month	i	Do	ıy	Yeor
	DECEASED (Type or print)	Marga	ret	Elsie			larvey	OF DEATH		May	7	1	9	1960
S. 5	SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARI	RIED	B. DATE O	BIRTH		9. AGE (In y	eors			-	ER 24 HRS.
I	emale	White	WIDOW	ED DIVORC	ED 🗌	Janu	ary 17,	1894	66	yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	JSTRY 11. B	RTHPLACE (Sto	ote or foreign o	country)		12. CI	TIZEN O	WHAT	OUNTRY?
(H	lousewife)	None	'	None			Pennsyl	vania			MA	U.	S. A	
13.	FATHER'S NAME					14. MO	HER'S MAIDEN	NAME						
0	harles Mac	kie				Ma	rgaret	M. Sul	livan					
15.	WAS DECEASED EVER		RCES? 16.	SOCIAL SECURITY N	0.	INFORMAN	The Me	dical 1	Record	Addre	)SS			
9	Io	r yes, give war or dates or :		certainabl	e T	he Cl	inical	Center	, Bethe	esda	14	, Ma	ryla	nd
		TH [Enter anly one co	ouse per li	ne for (o), (b), and (c	:).]							INT	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	Car	cinoma of	Endo	metri	ım with	Metas	tases t	o I	ames		SET AND	DEATH
	177	DUE TO		er and Ad			22.1 11 2 011	220000	OGDOD C		- Constant	-	Yea:	rs
	Conditions, if on	v. which )												
	gove rise to in	mediote Due To												
	couse (o), stoting t lying couse lost.	he under-	-1											
Z	PART II. OTH	ER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO D	EATH BU	T NOT RELA	TED TO THE TER	MINAL DISEAS	SE CONDITION	GIVE	N IN PA	RT 1(o)	9. WAS	AUTOPSY
CATI														RMED?
CERTIFICATION	20a. ACCIDENT WAS	S UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	ED. (Enter no	ture of injury i	in Port I or Po	rt II of item 18	1.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
CAL	20c. TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRED	20e. Pl	LACE OF IN	JURY (Home, fo	orm, 20f. (Cit	y or town)			(County)		(Stote)
MEDICAL	Hour o.m.	19	While of wor	Not while	TC.	octory, stree	, office bldg.,	erc.)						
	21 Leastifu the	at I attended the	docode	ed from Marc	h 21	10	60 ta 1	lav 19	10	60.	hat I I			leceased
	alive an May													
	diffe dil_1120_y_	1	1	, dila ilic	ir deuii	ii decorre	d di		trie cause:			e dare		TE SIGNED
	ACTUAL SIGNATURE	and 1	Ve				The Cli						5-19	-60
	SIGNATURE		un	were		_M.D	Nationa			of	Hea	1 t.h		
	PHYSICIAN'S NAME (Type)	SAUL GENUTI	Η,	M.D.			Betheso				1100			
220	BURIAL, CREMATION	N. 22b. DATE THEREC	OF .	22c. NAME OF CE	METERY C	OR CREMAT	ORY	22d. LOC/	TION (City, to	wn, or	county)	,	(Stol	le)
	PURIAL (Specify)	4# 5/2	3/60	HOLY CH	ROSS	CEM.		PH:	ILA					
23.	FUNERAL DIRECTOR'S		-	ADDRESS		GEOR	TA 2404	C'D BY REGIS	TRAR 24b.	REGIŚT	TRAR'S S	IGNATU	RE	
1	1. 1 Her	iturau	641	Sau-		D.C.	DATE		60	an	Chun &	. Kra	us	
-		1												

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	A CONTRACTOR		
			And the state of t

on 1756 Pa. Ave.,

e. IS RESIDENCE

Hours

ON A FARM?

YES T NO KK

Year

PERFORMED? YES NO M

(State)

Orthur S. Misua

DATE JUN 1

(Stote)

19 60

0 VS A15 (4) 15M 9/58

A saine serile Smort Surface !! working Nome Toron No. of the second THE SHEET STREET WAS TOO ilogo econte ave., siavor encore 03301: mostel Senot 12 William Land Boll Boll Brown Mills

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

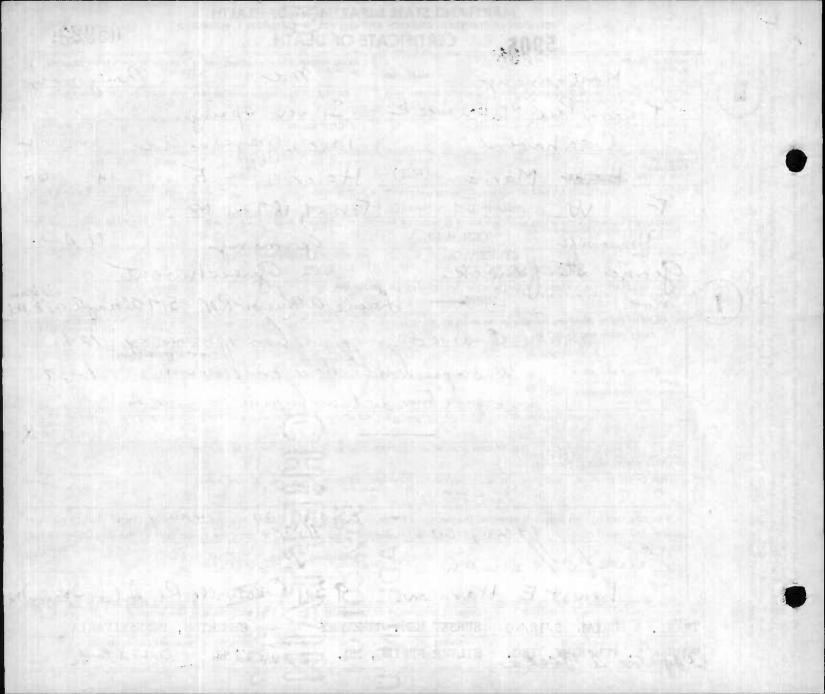
05923

	5905 CERTIFICA	IE OI DEATH
1.	PLACE OF DEATH  o. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY  Donly
	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give neorest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OAK have	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \ NO \
	NAME OF DECEASED (Type or print) First Middle (NMI)	Lost 4. DATE Month Day Year OF DEATH 5 14- 1960
S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years lost birthdoy)  65 yrs.  IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
100	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  OWN HOME	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13.	George STEFENACK	ROSE Gueschwent
IS.	is, no, of unknown) (If yes, give war or dates of tervice) NONE.	ueile a Hurrar RN 517 albany and t
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	nugeuration of pulmoney 2 hr.
	Conditions, if ony, which gove rise to immediate couse (a), stating the under DUE TO	Starbly raremoun 1 ys
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote ctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an 14 Miles 1960 and that d	1 1 2 2-1
		M.D. PHYS. MED. STAFF SIGNED S
	NAME (Type) Evnet E Harmon	930 Colesville Re Silver Spring
23 <b>T</b>	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF RANS. & BURIAL 5/18/60 SUNSET MEM. C	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)  EMETERY SUMERTON, PENNSYLVANIA
24	FUNERAL DIRECTOR'S SIGNATURE  AND HERE PUMPHREY, INC.  SILVER SPRING  AUTHORITY  AUTHORITY  ADDRESS  SILVER SPRING	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Carthur 8. Known

rs after death. Page 4 may be remained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Baard at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

TO HOS VR A1S (4) 1SM 9/59



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6000 **CERTIFICATE OF DEATH**

05924

Reg. Dist. No.

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-	-	
1	NA	1)
1	IA	IJ
1	1	-
1	1 June	473

1. PLACE OF DEATH o. COUNTY

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 softer deoth. Page 4 may be recovered by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hoursetter death.

page 3 shauld be detached for use as the burial-tronsit permit. the registrar prior to burial, crematian, ar removal, and in any

VS A1S (4) 1SM 9/SB

	V		MARYLAND	2. USUAL RESIDENCE (W g. STATE Maryland		If institution: Residence COUNTY  Montgome	
RURAL and give Bethesda	(If oulside corporate limits		NGTH OF STAY IN 16	c. CITY OR TOWN (IF Kensington	outside corporate lim		
OR INSTITUTION	PITAL (If not in hospitol, gi	ve street oddres	is)	d. STREET ADDRESS 3108 Univer	eity Roul	errand Wee	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs Hele		Middle Dorothy	last Henderson	4. DATE OF DEATH	Month Mav	Day Year 1960
S. SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH .	9. AGE	(In years IF UND	ER 1 YEAR IF UNDER 24 HRS
Female	White	WIDOWED	DIVORCED	March 15. 1	900 60	birthday) Months	s Doys Hours Min.
during most of wo	orking life, even if retired)			STRY 11. BIRTHPLACE (State		12.0	ITIZEN OF WHAT COUNTRY
Statistica 13. FATHER'S NAME	al Clerk	U.S	. Governmen				U.S.A.
John F. G	orrnall			14. MOTHER'S MAIDEN Mary M.			
1S. WAS DECEASED EV	/ER IN U. S. ARMED FORC (If yes, give wor or dates of sec	rwice)		he Clinical (			. Maryland
	EATH [Enter only one cou	se per line for	(o), (b), ond (c).]				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:  JMMEDIATE CAUSE (o)		ac Arrest	ephrosis and			10 Minute
Conditions, if gave rise to cause (a), stating lying cause last	immediate DUE TO			tial Ureteral			9 Years
PART II. O		ITIONS CONTR	IBUTING TO DEATH BUT		INAL DISEASE CONE	DITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
	THER SIGNIFICANT COND						ART 1(a) 19. WAS AUTOPSY
20g. ACCIDENT W	THER SIGNIFICANT COND  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Doy, Year	20b. DESCRIBE	HOW INJURY OCCURRED  OCCURRED 20e. PL	NOT RELATED TO THE TERM	Part I or Part II of it	tem 1B.)	ART 1(a) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJU- Hour o. m. p. m.  21. I certify I alive an	THER SIGNIFICANT COND  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Doy, Year  19  That I attended the  YAS UNDERLYING  19  That I attended the	20b. DESCRIBE  20d. INJURY While of work  deceased fr	OCCURRED OCCURRED Not while at work  am. April 1	D. (Enter nature of injury in ACE OF INJURY (Home, for actory, street, office bldg., et accurred at 11:3)  M.D. The Clir National	Part I or Part II of it  m,   20f. (City or tow c.)    May 17  A, fram the c.  ADDRESS (Street, city  ical Cent.  Institut	n)  19.60that I auses and an try or town, state)  er  es of Hea	(County) (State date stated abave DATE SIGNER
20c. TIME OF INJU- Hour o. m. p. m.  21. I certify if alive an	THER SIGNIFICANT COND  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Doy, Year  19  That I attended the  May 17  JERRY S. TR  ON, 22b. DATE THEREO	20d. INJURY While of work deceased fr	OCCURRED 20e. PL. Not while at work an April 1	D. (Enter nature of injury in  ACE OF INJURY (Home, forctory, street, office bldg., et  accurred at 11:3!  M.D. The Clir  National  Bethesds	May 17  May 17  May 17  May 17  Moreon the control of the control	n)  19.60that I auses and an try or town, state)  er  es of Hea	(County)  19. WAS AUTOPSY PERFORMED? YES NO   (County)  (State last saw the deceased the date stated abave DATE SIGNER STATE ST
20c. TIME OF INJU- Hour o. m. p. m.  21. I certify is alive an	THER SIGNIFICANT COND  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Doy, Year  19  That I attended the  May 17  JERRY S. TR  ON, 22b. DATE THEREO	20d. INJURY While of work deceased fr	OCCURRED 20e. PL. for an April 1.	D. (Enter nature of injury in  ACE OF INJURY (Home, forctory, street, office bldg., et  accurred at 11:3!  M.D. The Clir  National  Bethesds	May 17  May 17  May 17  May 17  Moreon the control of the control	n)  19.60that I auses and an the or town, state)  er es of Healand	(County)  19. WAS AUTOPSY PERFORMED? YES NO   (County)  (State last saw the deceased the date stated abave DATE SIGNER STATE ST

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attended 12 Day 2 Honolington	
to eligibes. Conten. Noticeds 11. 16 3108 University Boulevard Newl	and the second
Jorothy Henderson File	May 17 of
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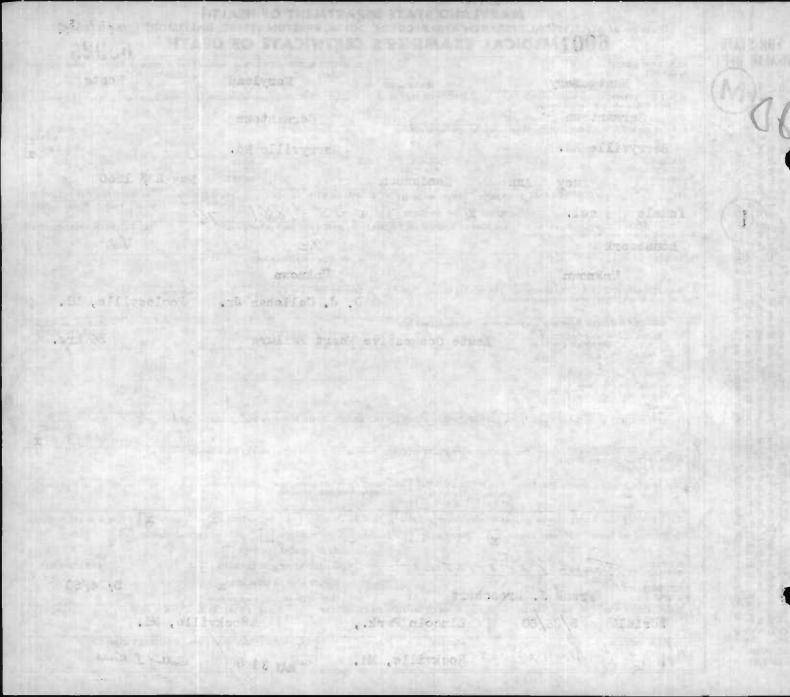
TO DEFOCY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPAR	RTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE 1, MARYLAND
6001 MEDICAL EXAMINER'S CEI	RTIFICATE OF DEATH 115095

PLACE OF DEAT     COUNTY     Mo	H								
Mo				2. USUAL RESI		b, COUN	ITV		mission
THE	ntgemery		MARYLAND		Maryland		TATE	ontg	
write RURAL en	(if outside corporete lind d give neerest town) Antown	mits, c.	LENGTH OF STAY IN 16	AL	WN (II outside corpor	ete limits, write	RURAL and g	give nearest town	)
	TAL OR INSTITUTION	(if not in hospitel,	give street eddress)	, d. STREET ADD				e. IS RES	IDENCE
				/				ON A	FARM?
Berryvi					ille Rd.			YES 🔲 I	NO T
3. NAME OF DECEASED (Type or print)	Firs		Middle Henderson	Lest	4. DATE OF DEATH	May		60 19	
5. SEX		Ann		D 175 OF NOT				17	1100
female	6. COLOR OR RAC	WIDOWED T	THE TER MARKED	6-15-	1010-1	AGE (In yeers last birthdey)	Months De		Min.
10a. USUAL OCCUPAT	ION (Give kind of wo	rk 10b. KIND C	OF BUSINESS OR INDUSTR			10	12. CITIZE	N OF WHAT CO	UNTRY
done during most of we		red)		1/2			US		
housewor	K			Va	P		US	M.	
13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME				
Ţ	nknown			Unkne	own				
15. WAS DECEASED EN	ER IN U.S. ARMED FO	DRCES?   16. SOC	IAL SECURITY NO.   17. 1	NFORMANT		Address			
(Yes, no, or unkown)   (				D. J. Ca	llahan Jr.			le, Md.	
And the second									
18. CAUSE OF	DEATH [Enter only on	ne cause per line fo	or (e), (b), end (c).]					INTERVAL BETW	
	H WAS CAUSED BY:	Aen	te Congestiv	e Heart Fa	ilure			36 hrs.	AIH
11134	IMMEDIATE CAUSE (e	Aca	on Courses	0 110010 10					
731	DUE TO	0							
Conditions, if en	y, which \ (E	b)							
marin after 4 to	liete ceuse								
geve rise to immed	DIE TA	0							
(e), steting the	DIE TA	0							
(e), steting the cause lest.	underlying DUE TO	c)							
(e), steting the cause lest.	underlying DUE TO	c)	UTING TO DEATH BUT NO	OT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIV	EN IN PART 10		
(e), steting the cause lest.	underlying DUE TO	c)	UTING TO DEATH BUT NO	OT RELATED TO THE T	erminal disease c	ONDITION GIV	EN IN PART 10	PERFOR	MED?
(e), steting the cause lest.	R SIGNIFICANT CONE  AUSE WAS  DNTRIBUTING	c) DITIONS CONTRIBU	UTING TO DEATH BUT NO				EN IN PART 1	PERFOR	
PART II. OTHE	AUSE WAS	2Db. DESCRIBE H	OW INJURY OCCURED. (I	Enter nature of Injury	n Part I or Pert II of i	iem 18.]	EN IN PART 1(	PERFOR YES N	MED?
PART II. OTHE  2Do. EXTERNAL C PRIMARY OF CAUSE OF DEATH  20c. TIME OF INJU- Hour e.m.	AUSE WAS DITRIBUTING DELY	2Db. DESCRIBE H	OW INJURY OCCURED, (I	Enter neture of Injury	n Part I or Pert II of i	iem 18.]		PERFOR YES N	MED?
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(e), stating the cause lest.  PART II. OTHE  2De. EXTERNAL C PRIMARY or or CC CAUSE OF DEATH  20c. TIME OF INJI Hour e.m. p.m.	AUSE WAS DNTRIBUTING DIPY Month, Dey, Y 19 hat I took charge	DITIONS CONTRIBE  2Db. DESCRIBE H  Geer 2Dd. INJUI While et work  of the remains	OW INJURY OCCURED. (I  RY OCCURRED   200. PLA  Not While   fect	Enter nature of Injury  CCE OF INJURY (Homory, street, office bldg	o, ferm, 20f. (City o, elc.)	iem 18.] or town)	(County	PERFOR YES N	MED?
(e), steling the cause lest.  PART II. OTHE  2De. EXTERNAL C PRIMARY or CC CAUSE OF DEATH  20c. TIME OF INJU- Hour e.m. p.m.  21. I certify t	AUSE WAS DNTRIBUTING DIPY Month, Dey, Y 19 hat I took charge	DITIONS CONTRIBE  2Db. DESCRIBE H  (eer 2Dd. INJUI While et work  of the remains	OW INJURY OCCURED. (I  RY OCCURRED 200. PLA  Not While fed et work for security to the securit	Enter nature of Injury  CCE OF INJURY (Home ory, street, office bldg old an Autopsy [ide ], Homicide ],	o, ferm, 20f. (City o, etc.) Inspection	or town)	(County	PERFOR YES N	MED?
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(e), steting the cause lest.  PART II. OTHE  2De. EXTERNAL C PRIMARY   or CC CAUSE OF DEATH  20c. TIME OF INJU- Hour e.m. 21. I certify t death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	AUSE WAS DITRIBUTING DIE TO MONTH HOUSE DIE	DITIONS CONTRIBE  2Db. DESCRIBE H  2Dd. INJUI While et work of the remains causes  Brosche	OW INJURY OCCURED. (I  RY OCCURRED   200. PLA  Not While et work      s described above, he  Accident        Thank	Enter nature of Injury  ACE OF INJURY (Homory, street, office bldg  old an Autopsy [ ide [], Homic  CHIEF MEDI  M.D. ASSISTANT  DEPUTY ME  Address (St	o, ferm, 20f. (City on, etc.)  Inspection Cale Examiner  MEDICAL EXAMINER  DICAL EXAMINER  DICAL EXAMINER  Treet, city, town, or co	or town)  The line is a second of the line is a second	(County  Y K   county  anner   5	PERFOR YES N  (S  and in my opi  DATE SIGN  /24/60	MED? O tete) inion
(e), stoting the cause lest.  PART II. OTHE  2De. EXTERNAL C PRIMARY or CC CAUSE OF DEATH  20c. TIME OF INJU Hour e.m. 21. I certify t death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	AUSE WAS DITRIBUTING DIE TO MONTH HOUSE DIE	2Db. DESCRIBE H  2Db. DESCRIBE H  2Dd. INJUI While et work of the remains causes  Brosche REOF 22c.	OW INJURY OCCURED. (I  RY OCCURRED   200. PLA  Not While et work   fect et work   Suice  Chart	Enter nature of Injury  ACE OF INJURY (Homory, street, office bldg  old an Autopsy [  CHIEF MEDI  M.D. ASSISTANT  DEPUTY ME  Address (St	o, ferm, 20f. (City o, etc.) Inspection Cide Und CAL EXAMINER DICAL EXAMINER DICAL EXAMINER Teet, city, town, or co	or town)  The line is a second of the line is a second	(County  y k  panner   5  or country)	YES N	MED? O tete) inion
(e), stoting the cause lest.  PART II. OTHE  2De. EXTERNAL C PRIMARY or CC CAUSE OF DEATH  20c. TIME OF INJU Hour e.m. 21. I certify t death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	AUSE WAS DATE THERE	DITIONS CONTRIBE  2Db. DESCRIBE H  2Dd. INJUI While et work of the remains causes  Brosche REOF 22c.	OW INJURY OCCURED. (I  RY OCCURRED   200. PLA  Not While et work   feet et work   Suice  Chart  NAME OF CEMETERY OF	Enter nature of Injury  CCE OF INJURY (Homory, street, office bidge  eld an Autopsy [  CHIEF MEDI  M.D. ASSISTANT  DEPUTY ME  Address (St	o, ferm, 20f. (City o, etc.) Inspection Cide Und CAL EXAMINER DICAL EXAMINER DICAL EXAMINER Teet, city, town, or co	or town)  Inquire etermined meaning in the control of the control	(County  y K 6  anner 5  or country)	PERFOR YES N  (Send in my opinion of the sign of the s	MED? O tete) inion
Columbia   Columbia	AUSE WAS DATE THERE	DITIONS CONTRIBI  2Db. DESCRIBE H  2Dd. INJUI While et work of the remains causes  Broscha REOF 22c.	OW INJURY OCCURED. (I  RY OCCURRED   200. PLA  Not While   fed et work      s described above, he  Accident     Suice  Thank  IT  NAME OF CEMETERY OF  Lincoln Pari	Enter nature of Injury  ACE OF INJURY (Homory, street, office bldg  old an Autopsy [ ide  , Homic  CHIEF MEDI  M.D. ASSISTANT  DEPUTY ME  Address (St  CREMATORY	o, ferm, 20f. (City o, etc.)  Inspection Cale EXAMINER MEDICAL EXAMINER COLORA	or town)  Inquire etermined metermined meter	(County  y K 6  anner 5  or country)	PERFOR YES N  () (S  and in my opi  DATE SIGN  /24/60  (Siete)	MED? O tete) inion



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		00								
1. PLACE OF DEATH o. COUNTY	MONTGOMERY		MARYL		USUAL RESIDEN			ed. If institution b. COUNTY	Residence be MONTG	
b. CITY OR TOWN RURAL and give TAKOMA	N (If outside corporate lime nearest town) PARK	its, write	c. LENGTH OF STAY II	N 16	21		de corporote PRING	limits, write RUF	RAL ond give n	rearest town)
d. NAME OF HOS OR INSTITUTION	NASHINGTON S	AN. 8	address) HOSPITAL	1	d. STREET ADD 11,802		INS DR	IVE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fi WILLI		Middle NORVAL	l	Last ERBERT	4.	DATE OF DEATH	Manth MAY	24	Day Year 1960
s. sex MALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRIED  ED DIVORCED		/20/06		10		F UNDER 1 YEA Manths Days	AR IF UNDER 24 HRS Hours Min.
during most of w	ATION (Give kind of work working life, even if retired — OWNET	(1)	KIND OF BUSINESS OR CKVILLE PRE		11. BIRTHPLAC			у)	12. CITIZEN	U.S.A.
13. FATHER'S NAME WILLIAM	U. HERBERT			1	. MOTHER'S MA		R. KA	NODE		
1S. WAS DECEASED E (Yes, no, or unknown) NO	(If yes, give wor or dates of	service)	SOCIAL SECURITY NO. 78-18-1313	Mrs.		et M.		Addres	2 Hugg	ins Dr.
Conditions, il gove rise to cause (a), stotil lying cause lo	immediate DUE TO		ONDEST ORONAR CONTRIBUTING TO DEAL	TH BUT NO			scut	VRE, P		NEEK 10 YRS
OR CONTRIBUTION (IF EITHER, NOTICE)	WAS UNDERLYING   NG   CAUSE OF DEATH IFY MEDICAL EXAMINER)	01	CRIBE HOW INJURY OC							PERFORMED? YES NO
20c. TIME OF INJ Havr o. r p. r	10	While at wor	Not while		OF INJURY (Hor , street, office bl		20f. (City or t	own)	(Count	y) (Stote
saw the dece	that (I) (this haspita eased alive an	) attend	ded the deceased f							
22a. SIGNATURE	3.157	noi		M.D.	ATTENDING PHYS.		TOR S	TAFF HYS.	3	226. DATE SIGNE
22c. PHYSICIAN' NAME (Type	L. B. SNC				22d. ADDRESS					
REMOVAL (Spec BURIAL	5/27/60	OF	23c. NAME OF CEMENT CEDAR HILL						DUNTY, 1	(State) MARYLAND
24. FUNERAL DIRECTO	OR'S SIGNATURE?  E. PIMPIREY	INC	ADDRESS SILVER S	PRING			3 1 '60		than S. Th	

TO HOSE VR A1S (4) 15M 9/S9

. . . cons - the fire THE RELEASE OF THE PROPERTY OF POLINGHAY IDEMA ACOTE / dead CONGESTIVE HEARTTAILCIE, AC COROLARY ATHERCOSCLEROSIS 10 415 Privic CLEER 247AY 60 5/25/60 

> 只能,他是对自己的。 第15章

ARY	LAND	STATE	DEPARTMENT C	OF HEALTH-BA	ALTIMORE, 18
em	3c, 1	Film G	-265 6/20/60	.cac.	

CERTIFICATE OF DEATH

(15927 Reg. Dist. No.

-	1. PLACE OF DEATH 0. COUNTY	MARYLAND	2. USUAL RESIDENCE (\) o. STATE		b. COUNTY _			on)
	b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (I			Montgom		
	Poolesville R.F.D.	5 mos.	10 Rocky	ille				
4	d. NAME OF HOSPITAL (If nat in haspital, give street addres OR INSTITUTION		d. STREET ADDRESS				e. IS RESI	DENCE FARM?
	Matthews Nursing Home			erson A	ve			NO 🔀
	3. NAME OF DECEASED (Type or print) Tulia Eli	Middle HER	BERGEROSI ERS PERCE	4. DATE OF DEATH	Mont	74	_	960
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.		IF UNDER 1 YEAR	-	
	Female White WIDOWED	DIVORCED 🔲	Aug. 22, 1	880	last birthday) yrs.	Months Days	Hours	Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housekeeper  13. FATHER'S NAME  Aaron Hersberger  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. no, or unknown)	f employed		yland	ntry) Addre		S.	DUNTRY?
	No		Mrs. John	Backus	Rockv	ille, M	d.	
7	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTR  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BEMIA  COL P  ELLUSALE  RIBUTING, TO DEATH BUT  LEXITY	NOT RELATED TO THE TER			e (	SET AND  WAS A PERFOR	nell untl utopsy RMED?
	Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY	Not while for	ACE OF INJURY (Home, factory, street, office bldg., e		r town)	(County)	)	(Stote)
	21. I certify that I attended the deceased from alive on 19 6 0  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  John G. Fawcett		, 19 <u>59</u> , to occurred at <b>1:5</b> 4				e stated	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. REMOVAL (Specify) Burial 5/11/60	Monocacy	R CREMATORY		ON (City, town, o	-	(State	*
	23. FUNERAL DIRECTOR'S SIGNATURE Constance C. Stilton &	ADDRESS Barnesvil	1 400 1	MAY 1 0 '60	1	TRAR'S SIGNATU	JRE	

TARREST HOS THE MINISTER OF STREET The court of a land the last the last of t had write and the florolane lies all the real format onto the state of hills of things I smitch soul age at and the second s backet backet - backet 

ALE B	tems 20,21 Film 263 MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	COOR MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH
Files.	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give needest town)
irector.	Beshelder 3 49km 50 Bethesda
elay d for Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/oddless)  4602 Chase ale.  4602 Chase are  YES \[ \begin{array}{c} \text{NOW} \end{array}
State State	3. NAME OF First Middle Lest 4. DATE Month Day Year OF
h. If the refer of the refer of	(Type or print) James Franklin Hewith DEATH May 2 19 60
and 3 may 1 may 1 with 2 with	5. SEX MARE TO SEX MARRIED NEVER MARRIED NEVER MARRIED 18. DATE OF BIRTH   9. AGE (In yeers   FUNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   Hours   Min.
1, 2, and and 72 ho	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
hour hour	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
in 24 h	Arron R. Hewitt Mary El Burroughs
With 18. C	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive were redeles of service)  16. SOCIAL SECURITY NO. 17. INFORMANT Neice Kensington, Mc
with with any	No   045-07-6728xRespossor Mrs. Patterson   18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), end (c).]
execution in line in long ansit and in long and in lon	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Sutrals anial Homorrhage ONSPT AND DEATH
d be pend jice a jice a jice a jice a	904.0 DUE TO P 1 00 + 1 2 2 100
shoul s Off a bur	goverise to immediate cause DUE TO
icate miner ad as	(a), stering the anderlying (c) Hackereil Skull Steelder
s certif	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
This world the crem	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TEMPORAL DISEASE CONDITION GIVEN IN PART TIO.  19. WAS AUTOSOF PERFORMED?  PERFORMED?  PERFORMED?  YES NO   20b. DESCRIBE HOW INJURY OCCURED. (Epider neture of injury In Port I or Port II of item 18.)  PRIMARY   or CONTRIBUTING   that was of pearly in the performance of injury In Port I or Port II of item 18.)
VER: of Me urial,	I DAKAOWII / FELL LII DASEMENI OI DIS NOME
Writing Writin Writing Writing Writing Writing Writing Writing Writing Writing	20c. TIME OF INJURY Month, Dey, Yeer 20d. tNJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  Hour e.m. ? p.m. May ? 19 60 et work et work to the work of the work to the work of the work to the wo
EX.	? p.m. May ? 19 60 of work of work of Home   Bethesda Mont Ma.  21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion
CAL J	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
he con ward ward ago	CHIEF MEDICAL EXAMINS T
TY Miles of the form of the fo	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER A
exacute the uld be forward be forward designated	NAME (Type) FLANK J. 13 NOSCHZA Address (Street, city, town, or county) 1960
Sho sho	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 5/6/60 St. Mary 8 Cemetery Rockville, Maryland
5 g 4 5 g 84	Burial 5/6/60 St. Mary's Cemetery Rockville, Maryland  23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	Robert A. Pumphrey Bethesda, Maryland DATEMAY 5 '60 ailung 8. Huma

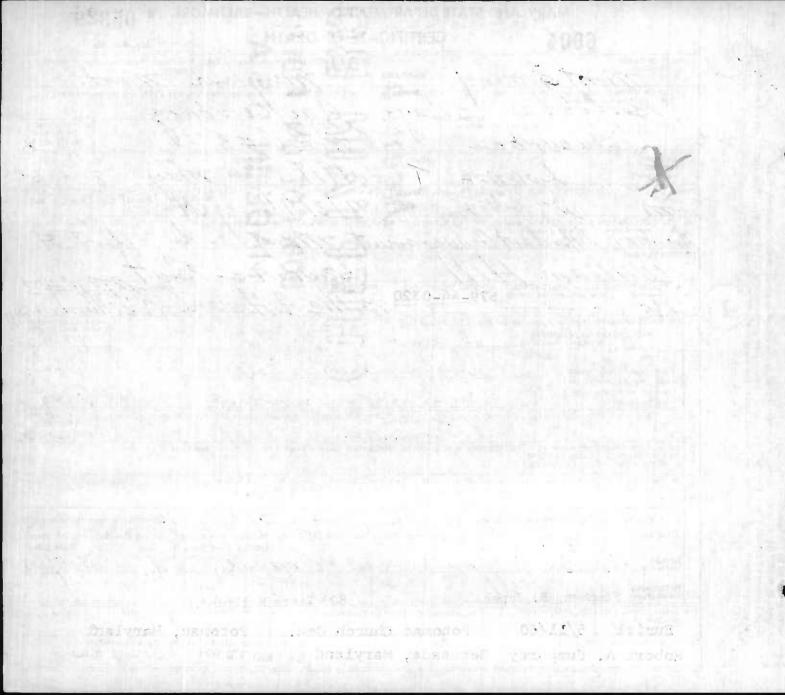
Arron & Hewite BOYGOSTER LE VYSE all the confidence of the conf BOTH THE RESIDENCE TO SHAPE TO amid 15/6/60 8: Mary & Cometery Rockville, Maryland Robert A. Pumphrey Bathasda, Parriend Comment of

VS A15 (4) 15M 9/58

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ending physician and campletely filled in by the funeral directar	lease remove carban papers. Pages 1 and 2 should be filed with
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anding phy	His 79 hou

's after death. Page 4

	6004	CERTIFICATE OF DEA	ATH Re	g. Dist. No.
1.	PLACE OF DEATH O. COUNTY Mont Domen	MARYLAND 2. USUAL RESIDENCE OF STATE	CE (Where deceased lived. If institution: R b. COUNTY	esidence befare admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nagres town)	ENGTH OF STAY IN 16 CITY OF TOW	(N (If outder corporate limits, write RURAL	and give nearest tawn)
1	d. NAME OF HOSPITAL (If not in haspital, give street address or INSTITUTION Tuburbane	d. STREET ADDR	J.#3	e. IS RESID ON A F
-	NAME OF DECEASED (Type ar print) First	Middle Hall	4. DATE Month OF DEATH Manth	Doy Yes
5.	6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED   B. DATE OF BIRTH		nths Days Hours
100	I. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life eyen if retired)	OF BUSINESS OR INDUSTRY J. BIRTHPLACE	(State or fareign country)	2. CITIZEN OF WHAT CO
13.	FATHER'S NAME	14. MOTHER'S MAI	IDEN MAME	4
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA s. no., or unknown) (If yes, give war or dates of service)	AL SECURITY NO. INFORMANT	A Hautard - Po	F.F.W.
厂	18. CAUSE OF DEATH [Enter only one cause per line for	(o), (b), and (c).]	11/10/10/0100 (5)	INTERVAL BETV
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rejourndial infan	whom	10 A
	Conditions, if any, which ) (b)	Toronary thron	Moris	100
	gove rise to immediate couse (a), stating the under- lying couse last.	oronary arter	osilion	Inde
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO THE	ETERMINAL DISEASE CONDITION GIVEN I	N PART I(o) 19. WAS AU PERFORM YES
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury)	ury in Part I or Port II of item 18.)	
MEDICAL		OCCURRED Not while of work  20e. PLACE OF INJURY (Hommond Processing Place) foctory, street, office bld		(County)
	21. I certify that I ottended the deceased for	,		t I lost sow the dec
+13	alive on	, and that death occurred at	M, from the causes and o	
	ACTUAL SIGNATURE STATEMENT IN JAN	M.D. A.	Thurley Durch	5/9/
	PHYSICIAN'S NAME (Type) Stephen N. Jones	200 Vi	ers M-111-Pa	
		NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or co	ounty) (State)



VS A15 (4) 15M 9/58

I

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05930

	6005		CERT	IFIC/	ATE OF DEA	TH		Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY MOT	ntgomery	1=	MAR	YLAND	2. USUAL RESIDENCE a. STATE	(Where decease yland	ed fived. If institut b. COUNT	7.5		e admission)
b. CITY OR TOWN (If o RURAL and give near Rural - Ke	est lown)  Emptown	ve street odd	LENGTH OF STA	Y IN 1b	c. CITY OR TOWN  Runa  d. STREET ADDRESS  RFD	1 - C	oorate limits, write  lagetts:  onrovia	RURAL and	give nea	
3. NAME OF DECEASED (Type or print)	Firs Iva		Mav	Hilt	Last	4. DATE OF DEAT	Ма	nth 7 15	Day	
5. SEX 6			NEVER MAR	RIED 🔲	8. DATE OF BIRTH	1897	9. AGE (In years last birthday) 62 yrs	Months	1 YEAR Doys	Hours Min
Oa. USUAL OCCUPATION during most of working HOUSOW 1 3. FATHER'S NAME	life, even if retired)		ND OF BUSINESS What Home		Browni  14. MOTHER'S MAIDE	ngsvi		12. CITI		WHAT COUNTE
Maurice 5. WAS DECEASED EVER II (Yes, no. or unknown) No		ES? 16. SO	CIAL SECURITY N		Martha NFORMANT	WXXXX		dress	d .	
18. CAUSE OF DEATH PART I. DEATH	Enter only one cou WAS CAUSED BY: AMEDIATE CAUSE (o)			).]	ho-pneumor				INTE	RVAL BETWEEN ET AND DEATH
Conditions, if any, gove rise to imm couse (o), stoting the lying cause last.	nediote (	Lymp	ho-sar	coma					11	. month
D 20a. ACCIDENT WAS	iabetes I	Melli	tus		NOT RELATED TO THE TE			VEN IN PAR	T 1(a) 15	P. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY ME)  20c. TIME OF INJURY  Hour o. m. p. m.	EDICAL EXAMINER)	r 20d. INJL While of wark	IRY OCCURRED  Not while  ot work	20e. PL	ACE OF INJURY (Home, ctory, street, office bldg.,	form, 20f. (Ci	ity or town)	((	County)	(Sto
21. I certify that alive an May	3 Kand	deceased , 19	from June, and the	ıt death	, 19 <b>59</b> , talk occurred at <b>4:3</b>	ADDRESS (	n the causes a (Street, city or tawn	nd an the , stote)	date	DATE SIGN
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOI		c. NAME OF CE	METERY O	R CREMATORY	22d. LOC	ATION (City, town,	or county)	уТа	(Stote)
Burial 23. FORERAN DIRECTOR'S		960 I	Montgo Address Damas		Md 24a. F	EC'D BY REGI		ISTRAR'S SI		RE

Caronina and Caron The second second second second second The Company of the Co The state of the s the many of the selection of the contract of t The section of the section of the section of the section of

# FOR STATE HEALTH DEP TO DEPOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Haulth, or its designated agent, prior to burial, cremation, or removal, and in pervent within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND COLOR STATISTICAL EXAMINER'S CERTIFICATE OF DEATH 05931 590-MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		PLACE OF DEATH	2. USUAL RESIDENCE (Where daceasad livad, If institution: Ra	sidance before admission)
		o. COUNTY	a. STATE b. COUNTY	12 V
1	-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	maryland	- George
		b. CITY OR TOWN (if outside corporate limits, yeste RURAL and give nearest stown)	c. CITY OR TOWN (If pulsida corporata limits, write RURAL and	giva netrast town)
		Jakoma Pk. DOM	Lampley PK	1656.2
		A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
70		Yelochinata & 1 11 an	12 72	ON A FARM?
1	2	NAME OF First San, 1 HOSP.	1000 Merrimac	YES NO
		DECEASED -)	4. DATE Month	Day Yaar
		(Type or print) Mr. Morris	DEATH S	30 1960
	5.		DATE OF BIRTH 9. AGE (In years IF UNDER 1)	EAR IF UNDER 24 HRS.
		m WIDOWED DIVORCED		ays Hours Min.
	100		Mary 1870 10 yrs.	
		ne during-most of working life, aveg if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
1		GROCEN -	DITHUANIA	UST
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ď		UNKNOWN	7h	
	15		NFORMANT Address	
	Ya:	s, no o unkown) ((Ifyes give war or dates of sarvice)	NFORMANT Address	
П		140 - NONE H	and Recent -	
	71	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	V	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		400	usin by	sudel
		DUETO		
		Conditions, if any, which (b)		
		gave rise to immediata cause (a), stating the undarlying  DUE TO		
ш		causa last. (c)		- CLUTTER
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a)   19. WAS AUTOPSY
	CERTIFICATION	11 - 0 1		PERFORMED?
	2		7 disease	YES NO
	RTIF	206. EXTERNAL CAUTE WAS 206. DESCRIBE HOW INJURY OCCURED. (E PRIMARY   or COMPRIBUTING	ter natura of injury in Part I or Part II of itam 18.)	
ш		CAUSE OF DEATH.		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, farm, † 2Df. (City or town) (Count	y) (Stata)
	ă	Hour a.m. Whila Not Whila factor	ory, street, office bldg., etc.)	,,
	X	p.m. 19 at work at work		
		21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry ,	and in my opinion
0		death resulted from: Natural causes . Accident . Suici	de , Homicide , Undetermined manner	
1			CHIEF MEDICAL EXAMINER	
	w .	ACTUAL O . A . A .		DATE SIGNED
		SIGNATURE JAMES / Mozehart	7110	
		EXAMINER'S 7 1 7 8 4	DEPUTY MEDICAL EXAMINER 🔄	30-60
		NAME (Type) FLANK J. BOSCHZKY		
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country)	(Stala)
	1	JR, AL 6/2/60 MINEBANON	Com. Hyattserlle Mi	al a
-	23/.	FUNERAL DIRECTOR ADDRESS	248. REC'D BY/REGISTRAR   246. REGISTRAR'S SIG	NATURE
	-	1000 los a Franco Old do 17.9°	1000	
	7	wary meet ( me gro ( ) 1	DATEUN 1 '60   arilum 8, 10	SALVA.

TENER PERSON OF PROPERTY PROPERTY OF THE PROPERTY OF THE PERSON OF THE P 13 The state of the s

	ctor	W	
	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director	page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with	N
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	then	ple	with
	he o	hen	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
	by t	+	y ev
	ped	ermi	uo c
	Sign	ă.	<u>-</u> .
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may be gived by the hospital or otherwing physician.	Her	d fo	l, cr
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VS A15 (4) 15M 9/55

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2

urs after death. Page 4

					Mag. Dist	. 110.	
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Va. STATE		ved. If instituti b. COUNTY		before odm	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)  Bethesda	GTH OF STAY IN 16	c. CITY OR TOWN (III		e limits, write R	URAL and giv	ve nearest to	wn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4607 Harling Lane		d. STREET ADDRESS	Harlin	g Lan	9	ON	A FARM?
3. NAME OF DECEASED (Type or print) Emma B.	Middle	Lost Homer	4. DATE OF DEATH	Mon Ma		Day 5	Year 19 60
5. SEX   6. COLOR OR RACE   7. MARRIED   18   18   18   18   18   18   18   1	DIVORCED	8. DATE OF BIRTH 9/22/79	9.	AGE (In years last birthday) 80 yrs.	Menths D	YEAR IF UN	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired)  Housewife	F BUSINESS OR INDU	Washing	ton, D.	ry) . C.	12. CITIZ		AT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	- 0-6			
Ludwig L Holst		Franci	ska War	nda			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. II	NFORMANT		Add	ress		
No None	2 0	scar Z Hom	er-Hush	and-s	ame a	s 2d	
18. CAUSE OF DEATH [Enter only one cause per line for (o) PART I. DEATH WAS CAUSED 8Y:	), (b), and (c).]	rrhage				INTERVAL ONSET AN	D DEATH
IMMEDIATE CAUSE (o) Cereb	ral nemo	TIMARE				3 111	J. 11 6
Canditions, If any, which gove rise to immediate	iosclero	sis				30	vears
Luia anna last							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED CAUSE OF DEATH    20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HO   Contributing   Cause of Death   Contribu	UTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIV	EN IN PART	PERF	S AUTOPSY FORMED?
	OW INJURY OCCURRE	D. (Enler nature of injury in	n Port I ar Part II	af item 18.)			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY O While No at work at	of while for	ACE OF INJURY (Hame, factory, street, office bldg., e	rm, 20f. (City or	town)	(Co	unly)	(State)
21. I certify that I attended the deceased from	DEC. 1	, 19.54, ta	May 15	10 60	that I la	et sow the	decease
		occurred at 9:50					
	, and mar deam	occorred digitalia	ADDRESS (Stree				DATE SIGNED
SIGNATURE CONTROL CONT		M.D. KARXX N	Norfolk	Ave.	Beth.	Md 5	5/16/6
PHYSICIAN'S NAME (Type) John M. Wyman, M.	D.	7801 Nor	folk Av	e., Be	thes	da, M	aryla
REMOVAL (Specify)	AME OF CEMETERY O	Cemetery		N (City, town, o	,,	(St	ate)
	DRESS		C'D BY REGISTRA	R 24b. REGIS	TRAR'S SIGN	NATURE	
Robert A. Pumphrey Bethe	esda, Mar	cyland DATE	Y 17'60	Chil	ma 8. Kg	Asia	
		- I over	1,00				

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		SZ/SZ/A Domestra Grand of the Comment of the	
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	or in a part of the part of th		

irs after death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH 600 MISSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05933

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
MARYLAND	Ma MONTGOMER
b. CITT OR TOWN (If outside corporate limits, write RUBAL and give no cest town)	c. EID OR TOWN (If outside corporate limits, write RURAL and give negrest town)
(KIRAL) ()/NEU	TIENBROOK FARM DERWOOM
OR INSTITUTION	d. STREET ADDRESS    e. IS RESIDENCE ON A FARM?
BROOK GROVE YOUNDATION. +IJC.	Derwood YES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) FRANK	HADILER DEATH //AV/ 7 1960
S. SEXY 6. COLOR OR RACE . MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (IN yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	JULIF 20 89 lost birthdoy) Months Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDU	ISTRY 11. BIRTHPLACE (State or Josefan country) 12. CITIZEN OF WHAT COUNTRY?
Jan Manager of Working life, even if retired	wil 11/204 D. O. (15A
13, FATHER'S NAME	TAL MOTHER'S MAIDEN NAME.
Thursday TIN Hardin	Alia - Sentun Hanne
LS, WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. I	NFORMANT Address A
(Xes., no, or unknown) (If yes, give war or dates of service)	GIENDROOK HARI
YES 1 (U.4) J 577-07-4639 /2	WELL HOUVER DERIGON MY
78. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	2000 C survey
DUE TO .	
Conditions, if any, which ) (b) Tarkus	n18m
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
A TICK	PERFORMED? YES NO NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o.m. While Not while fo	octory, street, office bldg., etc.)
p. m.   y   ot work   ol work	10/22 10 10
21. I certify that (I) (this bospital) attended the deceased fram.	10 25 , ta 5 , that (I) (we) last
sow the deceased alive of 1930, and that	deoth accurred and M, from the couses and on the date stoted above.
220. SIGNATURE	ATTENDING MED STAFF _ K 7 (22b. DATE SIGNED
- Asabi	M.D. PHYS. MED. STAFF PHYS. 5
22c. PHYSICIAN'S HAME (Type)	22d. ADDRESS
NAME (Type) C. H.M/160N	Dany Joxum, Ma,
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City Jown, or count) (State)
Burial 5/11/60 Arlington	National Arlington, Virginia
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, M	aryland DATE MAY 10'60 Cullun S. Knows

TO HOS VR A15 (4) 15M 9/59

beowied and well remember against states | Not all the constant morganitate | Obligation | Virginia detact A. Pumphyay Sathesda, Compland was a life of the Adams

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05934

Child S. Thomas

	0003							Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Montgomery			MARYLA		USUAL RESIDENCE (WI a. STATE District o		b. COUNTY	an: Reside	nce befa	re admiss	sian}
b. CITY OR TOWN (If RURAL and give nea Bethesda	outside corporate limits, v rest tawn)	write c.	LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF a		rate limits, write R	URAL ond	give ned	rest tawr	n) 3
- 0 1-10 -111	l (If not in haspital, give		dress)		d. STREET ADDRESS	y Stre	eet. N.W.	,			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Saxton		Middle Yates		Loss Howard	4. DATE OF DEATH	Mon May		Do 2	_	Year 19 60
5. SEX Male		MARRIED	NEVER MARRIED DIVORCED		parte of BIRTH	7	9. AGE (In years last birthday) 53 yrs.	IF UNDE Manths	R 1 YEAR Days	IF UNDE Haurs	ER 24 HRS Min.
Technician			of Business or Governme		District				U.S.		COUNTRY
William H.	Howard			1	4. MOTHER'S MAIDEN N		5				
15. WAS DECEASED EVER [Yes, no, or unknown] {If	IN U. S. ARMED FORCES yes, give wor or dates of service WW 11	e)	CIAL SECURITY NO.		RMANT The Med Clinical Ce				Mar	ylan	d
PART I. DEATH	MINIEDIATE CAOSE (O)	Card	iac arrest		MAE.				INTE	erval 8e set and inut	ETWEEN DEATH
Canditians, if any	mediate DUE TO	blood	loss		potension a	issocia	at <b>ė</b> d with	1	3	1/4	hrs
lying cause lost.	(c)_	Coro	nary ather	oscle	rosis				У	ears	
Myeloid m  20g. ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	n liv	ver & sple	en du		ibrosi	is	VEN IN PA	RT 1(a) 1	9. WAS PERFO YES	ORMED?
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. INJU While of work	_ Nat while		OF INJURY (Hame, farm, street, affice bldg., etc		ar town)		(Caunty)		(State
alive on May	wow R. &	19 60 Levi	and that d		corred at 3:30 F	M, from ADDRESS (SI Cal Co	enter tutes of	nd an th state)	ie date	stated	d abave
22a. BURIAL, CREMATION REMOVAL (Specify) Burial	5/27/60	2	nc. NAME OF CEMET Arlingto		REMATORY	22d. LOCAT	TION (City, tawn,		ia	(Stat	te)
23 FUNERAL DIRECTOR'S	SIGNATURE	30 1	ADDRESS H Street,	N.E.	Wash; DC	D BY REGIST				RE	

- e · · efficient to Johnston American Commence And Street Company of the contract of the Section o West of Deliver and the same to be seen M2 by Carrier of the Machine Court of the State of the St TOTAL SECTION OF THE The second of th

. Harris INTERNI

death.

certificate

death

attending physician

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

dia 2018 /	ENTARCHO PRADHITISED	2000	
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			200
THE STATE OF THE S	d My Till Shirt to Lamond Broth In Arthur	193 beautiful Human I in the	
			ANUTA MALE
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Blinding William & Land	Harris Company	HILLIAN AND AND AND AND AND AND AND AND AND A	d university

, M .1 I	tems 20&21 Film 264 MARYLAND STATE DEPARTMENT OF HEALTH
FOD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	5945 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05935
HEALIN DEPT.	1. PLACE OF DEATH  a. COUNTY  Tem 5. by Dhone.  2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
Sary, lies.	Montgomery F. D. Maryland Montg.
ay is necessary al director, Pag for your files. Board of Teah	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)  Rockville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
funeral funeral formation of the safe.	401 Anderson Ave YES NO X
the funerary dela	3. NAME OF First Middle Last 4. DATE Month Dey Yeer OF OF DECEASED (Type or print) Grace B. Howe, DEATH May 27 1960 19
	219 2700 17
ir death and 3 to may by 2 with ours afte	lest birthday) Months Days Hours Min.
2 - 10 70 - 2	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
burs after 1, 2	dona during most of working life been if retired)  When the Tall of the second working life been if retired to the second working life been in the second working l
24 hours ve Pages PM3. Per pages 1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PW PW	11)m 1. 1/20=11 Mary F. Fundum
within 24. 18. Give PA form PA init. File p	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
hed with formit formy entity e	Yes, no, or unkown) (If yes give wer or detes of service) 42 936-7846. Police Record
in pe win	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
along fransi	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) I Lelmonary Run bolism Subblen
	8/6× DUE TO PO TILLE
should b ng" in pe 's Office a burial.	Conditions, il any, which geve rise to immediate cause
"pending" xaminer's used as a licion, or rem	(e), stelling the underlying DUE TO
d "pend d "pend Examin Examin estion, or	Cause last. (c) TWENT I WENT ALLERS AND SINGLE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
This certification, word "pe word "pe use cremetion, cremetion, contraction, contra	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. WAS NOTOPSY PERFORMED? YES NO   200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  10. CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of item 18.)  Driver of suto involved in accident, with another vehicle
the wor. Medical should b	20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
ER: This the wo Medica should ial, cren	PRIMARY OF CONTRIBUTING Driver of auto involved in accident with another vehicle
execute the certificate exacting the word "pendin lid be forwarded to the Chief Medical Examiner NERAL DIRECTOR: Page 3 should be used as designated agent, prior to burial, cremetion, or recommend	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
writing writing Page	7:105 23   7:105 23   While Not While at work at work at work highway   Rockville Montg. Md.
EXA to the prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
MEDICAL  e the carific converded to DIRECT  ind agent,	death resulted from: Natural causes, Accident K_, Suicide, Homicide, Undetermined manner
SDIC Varo	CHIEF MEDICAL EXAMINER
Min for the formal form	SIGNATURE TRANS SIGNAT MEDICAL EXAMINER DATE SIGNED
execute the execute the wild be forward designated	EXAMINER'S  NAME (Type)  Frank T Broschart  Addrass (Street, city, town, or county)
DEFORT MEDICAL EX sess execute the certificate should be forwarded to th FUNERAL DIRECTOR: its designated agent, prior	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
O DEP please 4 shou O FUN or its d	Burial 5/31/60 Parklawn Rockville, Maryland
й й	23. FUNERAL DIRECTOR ADDRESS 337 F. MOD + 0 240+ RECIO BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A1SME 5M 7/S9	Tyson Wheeler Funeral Home Rockville, Md DATE MAY 31'60 arilum & Kraus
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Rea. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN III outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town). Since 1931 Kenwood, Bethesda Kenwood, Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6408 Brookside Drive 6408 Brookside Drive NAME OF Middle Day DECEASED OF Dorothy 60 (Type or print) May Dulany Hunter 19 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 59 Months Female White DIVORCED | May 19, 1900 WIDOWED | YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Own home Washington, D.C. USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur W. Hodgkins Alice W. Hutchens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No Unknown S. A. Dulanev Hunter-Same Item #2 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN sudden PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (o) DUE TO Hypertension and generalized arteriosclerosis vears Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while 0.00 ot work ot work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X, Inquiry X, and find that deoth resulted from: Natural couses XI, Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Frank J. Broschart. NAME (Type) DEPUTY MEDICAL EXAMINER TX May 4, 1960 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 5/6/60 Arlington National Arlington. Virginia 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Bethesda, Maryland Robert A. Pumphrev Orthur S. Kraus

DATE MAY 5

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VS. A15ME(5) 5M 9/55

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	t th	-	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours, after death.	
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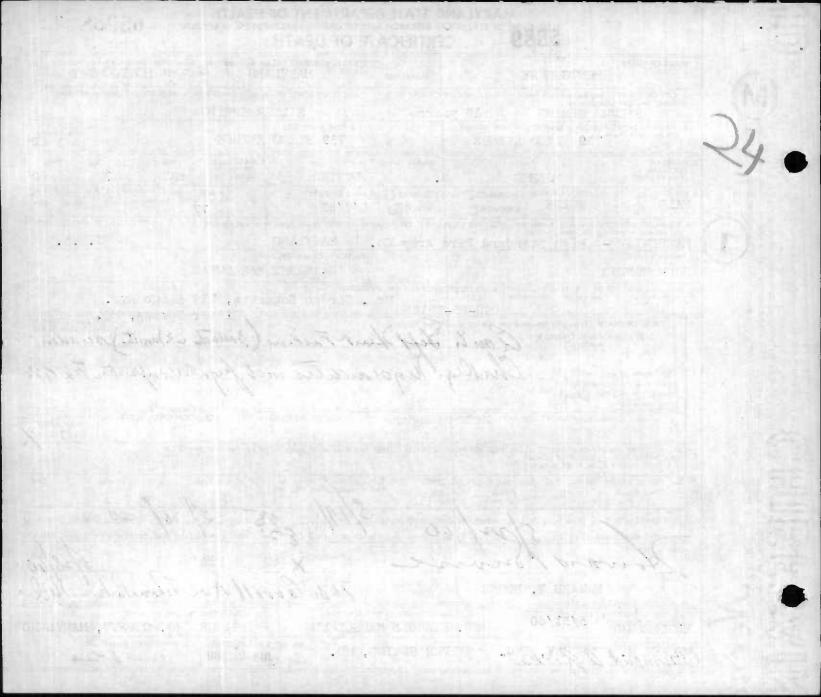
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

VR A1S (4) 15M 9/59

rs after death. Page 4

1. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WO. STATE MARY)			MONTGOM		ion)
RURAL and give n	(If outside corporate limits, write nearest town) /ER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpore		URAL and give ne	arest town	1)
	ITAL (If ot in hospital, give street	oddress)	/d. STREFT ADDRESS 739 SLIGO	AVENU	E			FARM?
3. NAME OF DECEASED (Type ar print)	First JAMES	Middle S •	Lost HUNTER	4. DATE OF DEATH	Mon MAY	th D	-,	Yeor 19 60
s. sex MALE	6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED.	8. DATE OF BIRTH 1/9/83		9. AGE (In years last birthday) 77 yrs.	Months Days	Hours	ER 24 HRS Min.
	ON (Give kind of work done 10b. rking life, even if retired)  - High Standar	d Fire Arms Co	244 5255 4275	41 14 1	untry)	12. CITIZEN O	.S.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
JOHN HUNTE	ER		MARGARET	r Barro	WMAN			
15. WAS DECEASED EV  Yes, no. or unknown) NO	(If yes, give war or dates of service)		NFORMANT 's. Gordon Bor	nnette,				
Conditions, if a gave rise to couse (o), storing lying couse last.	immediate DUE TO	Meg. Rey O	T NOT RELATED TO THE TERM	all al Disease	condition GIV	mpths a time	72/r	M 56
CATIC		CRISE HOW INJURY OCCURRI					YES	DRMEDS
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRISE TIOW HADRI OCCUR	ED. (Emer holore of injory in	110111111111	ii di nem ren			
20c. TIME OF INJU Hour o. m. p. m.	While	£.	LACE OF INJURY (Home, for actory, street, office bldg., et		or town)	(County	)	(State
	at (1) (this haspital) attendanced alive an S	ded the deceased from.	death occurred at	MED.	the causes on	, 19 <b>60</b> , t	e stateg	
22c. PHYSICIAN'S NAME (Type)	HOWARD T. MORS	E	1630 la v	vo111	tue Tu	bralark	1)	ud
230. BURIAL, CREMATION PERMOYAL (Specific ENTOMBRIEN)		23c. NAME OF CEMETERY OF T. LINCOLN N			NCE GEO.	or county) COUNTY,	(Sto	
24 FUNERAL DIRECTOR	R'S SIGNATURE Y LINC.	STLVER SPRIN	IG , MD . 250. REC	JUN 2	100	STRAR'S SIGNATU Inthun S. H		

DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 59 PICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Page 16. COUNTY necessary director. Page or your files. MARYLAND b. CITY OR TOWN lif butside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest lown) 40 NAME OF HOSPITAL OR INSTITUTION . IS RESIDENCE State Boar and 3 to the funeral ON A FARM? may be retained YES T NO NAME OF Day Month DECEASED the DEATH 1000 (Type or print) with sge 5 ma, sg 1 and 2 with 72 hours a 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED ar pirthdey) Hours WIDOWED [ DIVORCED ould be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, at 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 an done during most of working lite, even if retired) · child pages 1 none 13. FATHER'S NAME This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) | (If yes give war or dates of service) Mr. Moss Jacobs, Jr., 9132 Piney Branch Rd. none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), Silver SprimerValpetWEEN .5 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) and DUE TO Conditions, if any, which please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CO FUNERAL DIRECTOR: Page 3 should be used as a b geve rise to immediate cause DUE TO (a), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2Da. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY ST OF CONTRIBUTING should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While 1960 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [ agent, death resulted from: Natural causes Accident X Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) DEL 228, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) PRINCE GEO. COUNTY, MARYLAND FT. LINCOLN CREMATORY CREMATION 5/9/60 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE SILVER SPRING, MD. VS. A15ME Chilling S. Krous '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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# OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

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# MARYLAND STATE DEPARTMENT OF HEALTH BYLISTON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

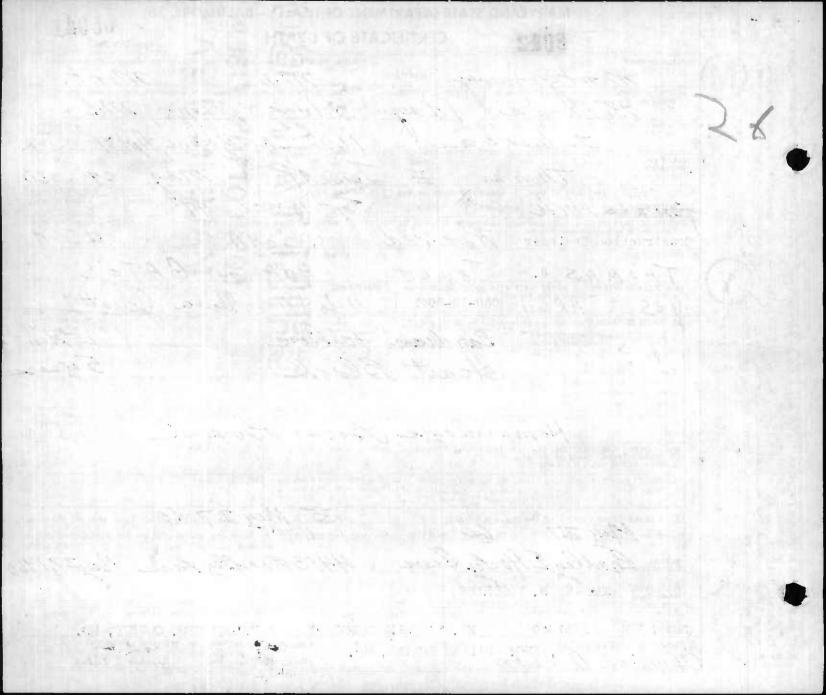
1. PLACE OF DEATH a. COUNTY Montgome:	ry		MARYLAND	11	USUAL RESIDENCE (V C. STATE Maryland	Where decease	b. COUNTY	an: Resider	y y	admission)
b. CITY OR TOWN ( RURAL and give n Bethesda		ts, write c. t	LENGTH OF STAY IN 16	24	Silver Spi					est tawn)
OR INSTITUTION	TAL (If not in hospitol, g		ess)	1	d. STREET 100 PESS	Ave.			е	IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print)	Fire Loi.		Middle Elizabeti	h	Lost JAMES	4. DATE OF DEATH	Ma.		Day 18	Year 1960
5. SEX Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	] B. D	6-2-15		9. AGE (In years last birthday)	IF UNDER	Days	Haurs Min.
10a. USUAL OCCUPATION		lane 10b. KIND			11. BIRTHPLACE (Sto	fornia	7.0.		S.A.	WHAT COUNTRY
Ross CART	ER				Lois PERS					
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of se	ervice)	ial security no. 17	(H)	MANT Joseph Jan	nes, sa	me as #2	abov	e	
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate (		TRIBUTING TO DEATH B	BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PAR		. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUE  Haur a. m. p. m.	MEDICAL EXAMINER)		Y OCCURRED 20e.  Nat while of work	PLACE	OF INJURY (Hame, for, street, affice bldg., e	erm, 20f. (Cit-		(	Caunty)	(State
21. I certify the	J. L. BEE	Jeel	19.60 , and that	n Jai t deal M.D	ATTENDING PHYS.	MED. DIRECTOR	May 18 the causes ar	nd an th	e date	22b. DATE SIGNED 5-18-60
23a. BURIAL, CREMATIC REMOVAL (Specify Burial) 24. FUNERAL DIRECTOR	5-20-60 's SIGNATURE	3/08	Arlington Appress 34 Ga. Ave	n Na	tional 25a. RE	Arli C'MAYREGIS	TION (City, tawn, ngton		irgir GNATURI	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W			: Residence before	admission)
Montgomery	MARYLAND	o. STATE Washin	gton, D.C	b. COUNTY		1
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	its, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	autside carporate li	mits, write RUI	RAL and give near	est town)
Bethesda (Rural)	29 days	Washin	gton D.C.		4	7x - 3
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	give street oddress)	d. STREET ADDRESS			•	IS RESIDENCE
U.S. NAVAL	HOSPITAL	4016 13th Pl	ace N.E.			YES NOW
3. NAME OF Fig.	rst Middle	Last	4. DATE	Month	Day	Yeor
(Type or print) Augus	t William	JOHNSON	OF DEATH	May	21	1960
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC		F UNDER 1 YEAR	7
Male Caucasian	WIDOWED DIVORCED	5-7-1863	101	97 yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work	dane 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	e or fareign cauntry	)	12. CITIZEN OF	WHAT COUNTRY?
during most of working life, even if retired	Navy guard	Sweden			U.S.	.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Unknown		Unknow	n			
1S. WAS DECEASED EVER IN U. S. ARMED FOR		NFORMANT		Addres	\$\$	
yes     If yes, give wor or dates of s		W) Mrs Emma L	. JOHNSON	4016	13th P1.	N.E. WD
18. CAUSE OF DEATH   Enter only one co	ouse per line far (a), (b), and (c).				INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Pallanana	in Goles			ONSE	ET AND DEATH
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Conditions, if any, which )	Theonello	7000	W: 110;	The	0 3	, week
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couse (a), stoting the under-				an	my !	
	DITIONS CONTRIBUTING TO DEATH BU	T NOT PELATED TO THE TEPA	AINIAI DISEASE CON	UDITION GIVE	N IN PART 1/a) 19	WAS ALITOPSY
PART II. OTHER SIGNIFICANT CON	DINORS CONTRIBOTING TO BEATT BO	THO KEDIED TO THE TERM	MINAL DISEASE COI	IDITION OIVE	14 114 1761 170)	PERFORMED?
200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Port Lor Port II of	item 18.)		YES NO
OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW INJURY OCCUR.	ED. (Enter harore at injury in	Troff Fair fair if air	nem to.,		
20c. TIME OF INJURY Manth, Day, Ye Hour a. m. p. m. 19		LACE OF INJURY (Hame, for octory, street, affice bldg., et		wn)	(Caunty)	(State)
p. m. 19	While Nat while of wark of wark	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
21. I certify that (I) (From the	attended the deceased from.	April 21 1	2.60 to May	21	19 60, the	at (I) (was last
saw the deceased alive an May		-				
220. SIGNATURE			0011		41110 0010	22b. DATE
Charles	mercal	M.D. PHYS.	MED. ST	AFF IYS.		SIGNED
22c. PHYSICIAN'S		22d. ADDRESS				
J. M. YOUN	G LT MC USN	U.S. Nava	al Hospit	al. Bet	thesda. N	d.
23a. BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY C		23d. LOCATION			(State)
Burial 5-24-60	Fort Lincoln	1		Lincoln		rland
24. FUNERA DIRECTOR'S SIGNATURE	O CODRESS O	250. REC	D BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATUR	E
Lee Funeral Home 4	th & Mass. Ave.N.E.	WashDC DATE	MAY 2 4 '60	a	ribury S. Haw	ME
		A				

	Manadagron, D.C.			
	Vestiles bon D.C.		(Faria) a	
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Item 18 Film 2 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ATTENDING PHYSICIAN: The law requires

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VS A1S (4) 15M 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05945

5909	CERTIFICATE	OF DEATH

5909	CERTIFICA	AIL OI DLAIN	Reg. Dis	l. No.
1. PLACE OF DEATH o. COUNTY Aloutaemery	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE	b. COUNTY	
	LENGTH OF STAY IN 16	Maryland	porote limits, write RURAL and g	gemery
RURAL and give negrest town	Since May 24,	1960 Iver Sonin	porole limits, write KOKAL olid gi	we nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	ress)	d. STREET ADDRESS	1 RJ 1	e. IS RESIDENCE ON A FARM?
Washington Janitarium	1 + MOSPITAL	12910 Coles VII	e. 1191	YES NO T
3. NAME OF DECEASED (Type or print) Gilbert	Malanth	num Keller 4. DATI	A	29 1960
5. SEX 6. COLOR OR RACE 7. MARRIED	☐ NEVER MARRIED ☐	B. DATE OF BIRTH	Land Lindle Stand	YEAR IF UNDER 24 HRS.
Male White WIDOWED	7	11-25-75	84 yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)		TRY 11. BIRTHPLACE (State or foreign		EN OF WHAT COUNTRY?
13. FATHER'S NAME	own Produce	14. MOTHER'S MAIDEN NAME	4	13,17
Lou Keller		unknown	Keller	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, ar inknown) (If yes, give war or dates of service)		S. Hosp. Rec	Address	
700		13. HOSP (EE	0108	
1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	ar (a), (b), ond (c).]	144.00	a.t.	ONSET AND DEATH
MMEDIATE CAUSE (o)  DUE TO	Joseph	magiance	, acuse,	at least
Conditions, if ony, which ) (b) ar	teriosclerat	ic heart disea	al	10 years
gove rise to immediate				1
lying couse lost.				
	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	
ATIC				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or F	ort II of item 18.)	120 100
	RY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (C	"h., h\ (C	(64-4-)
20c. TIME OF INJURY Month, Day, Year 20d. INJUI Haur a.m. 19 While at work	Not while fac	tary, street, affice bldg., etc.)	ity or town) (Co	ounty) (Stote)
21. I certify that I ottended the deceosed	from Navember	21 105/ to Zune	29 , 1960, that I las	t saw the deceased
olive on May 28 1960		occurred at 9:154 M, from		
Olive on Frederick	, ond mar deom		(Street, city or town, state)	DATE SIGNED
SIGNATURE Claron H. Tr	aum	M.D. 8237 Georgia Cla	e Silver Sorme H	4d kear 30 46
PHYSICIAN'S AARON H. TRAUM	X III 61			
DEMOVAL (Specify)	OLESVILLE CEN		ATION (City, town, or county) TGOMERY COUNTY,	(Stote) MARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REG		
WINER E. PUMPHREY LINC.	SILVER SPRING	DATE-UN 2	60 arthur 1. 1	Charrie

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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	0016 CERTIFICATE OF BEATT
1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	montomery Co MARYLAND STATE b. COUNTY MENTGOMETY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
	Wheaton 55 days State - Silver Spring
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR MISTITUTION Wheaton nursing Llome.  d. STREET ADDRESS ON A FARM? YES \( \sigma \) NO \( \sigma \)  Very Heaton nursing Llome.
	NAME OF First Middle & Lost 4, DATE Month Day Year
	OF DEATH MAY 24 1960
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 89  WIDOWED DIVORCED Fel 3, 1888.  7 Ost birthdoy)  Months Days Hours Min.
10c	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BUTHPLACE (Stote or foreign country)
	housewife own home Ungland. 14. A.
13.	FÄTHER'S NAME
	William XXXXXXXXXXX LONGFELLOW EMILY GAYTHORPE
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	NO NONE Mrs. Edith M. King, 1605 Woodman Ave.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Carcinoma orf the esophagus  VY
	Conditions, if any, which (b)
	gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO  (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19. WAS AUTOPS PERFORMED?  YES \( \sigma \text{NO} \)
	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m.  19  20d. INJURY OCCURRED Foctory, street, office bldg., etc.) foctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram
	220. SIGNATURE Bennet a. Porter h. n.p. m.d. Attending MED. STAFF PHYS.   May 24 1960
	22c. PHYSICIAN'S Rennet A. Porter Jr., M.D. 22d. ADDRESS 9301 Glesville Rd., Silver Spring M.
230 B1	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) JRIAL 5/2 6/60 PARKLAWN CEMETERY MONTGOMERY COUNTY, MARYLAND
24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  SILVER SPRING, MD.  250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  ADDRESS  SILVER SPRING, MD.  DATE MAY 2 7 '60  Cuthing & Knowledge

may be regined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remayol, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

TO HOSP

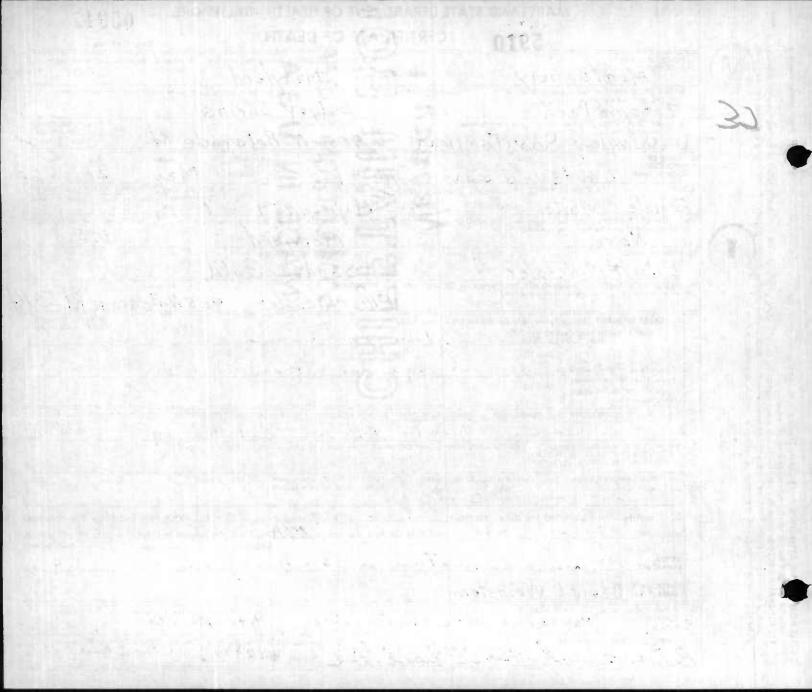
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MARYLAND ST	ATE DEPARTMENT	OF HEALTH-	-BALTIMORE, 18	05047
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	5910	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	
1.	PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	here deceased lived. If institution b. COUNT		re admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tewn)  72 Koma Park	c. LENGTH OF STAY IN 16	325//yer	Shring	RURAL and give nea	erest town)
	d. NAME OF HOSPITAL (If not in haspital, give street or institution SANITA	address) 4RJVM	d. STREET ADDRESS	Belarade 1	Rd	e. IS RESIDENCE ON A FARM? YES NO A
	NAME OF DECEASED (Type or print) LAURCH T	Middle Ka	ss/eR	OF DEATH Ma	-	1 1960
1	sex 6. COLOR OF RACE 7. MARI	ED DIVORCED	May 12/195	9. AGE (In year last birthday)	Months Days	Haurs Min.
	i. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Maryla	nd	12. CITIZEN OF	S.
13.	Elliott M. Kessler		Sandra	Gold		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s. no, or unknown) (If yes, give wor or dates of service)		MORMANT 410 HKESSLE		Belarade	, Rd, S.S.1.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:	ne far (a), (b), and (c).]			INTE	ERVAL BETWEEN
	Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse lost.	(curg en	tal Hu	nd Discas	-<	2 y m
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS	Disorder.	Collowing H	kant Junger		9. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING [ 20b. DES OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRÉ	D. (Enter noture of Injury In	rart I or rort II or Hemy IB.)	/	
MEDICAL	20c. TIME OF INJURY Manth, Doy, Yeor 20d. I Hour o. m. 19 While p. m. 19 at wor	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or town)	(Caunty)	(Stote)
	21. I certify that I attended the deceas	sed fram. 5-17	, 19.59, to	5-21, 196.	that I last sav	v the deceased
	alive on 5-21, 191	60, and that death	accurred at LLDA	M, fram the causes o	and an the date	stated abave
	ACTUAL SIGNATURE Daniel de	Lemstein	м.в. 3222 Да	ADDRESS (Street, city or town	n, stote)	J-L1-6
	PHYSICIAN'S David L. Weins	stein		0		
	BURIAL, CREMATION, 22b. DATE THEREOF, REMOVAL (Specify) May 22,1960	MF. Lebanon	r CREMATORY entery	22d. LOCATION (City. town Hyattsville, A	, gr county)	(Stote)
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 35 % Filt	STAW 24g. REC		GISTRAR'S SIGNATUL	



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	50:	00	CERTIFICA	ATE OF D	EAT	H			UU	30	
1. PLACE OF DEATH o. COUNTY	ONTGOMERY	9	MARYLAND	2. USUAL RES		Where deceased	lived. If instituti b. COUNTY	on: Reside	ence befo	ore admiss	ion)
RURAL ond give	I (If outside corporate limi nearest town) SINGTON	ts, write	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate  30 days MILWAUKEE				rote limits, write R	limits, write RURAL and give nearest town			3
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, generating ton G	ive street arde1	oddress) ns Rest Home	d. STREET 2777		Shore D	rive				PARM?
3. NAME OF DECEASED (Type or print)	OTTO		Middle PAUL	KETTN	ier IER	4. DATE OF DEATH	MAY	4	1'	7	Year 19 60
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIR 6/11/77	тн		9. AGE (In years lost birthdoy) 82 yrs.	Months		Hours	R 24 HRS Min.
dyring most of w	TION (Give kind of work forking life, even if retired al Engineer	done 10b.	IPONT COMPANY	USTRY 11. BIRTHI	Michi		ountry)	12. CI	U.S	·A.	OUNTRY
13. FATHER'S NAME AUGUS	r Kettner			14. MOTHER		NAME PETZO	LD				
Conditions, if gove rise to couse (a), stoir lying couse los PART II. CO PART II. CO PROTRIBUTING (IF EITHER, NOTI	immediate and the under-	()	CONTRIBUTING TO DEATH BI	UT NOT RELATED T		RMINAL DISEAS	E CONDITION GIV	VEN IN PA	Se.	PERFO	AUTOPS)
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTION Hour o. n.	п.	or 20d. I While		PLACE OF INJURY factory, street, offi	(Home, fo	orm, 20f. (City		1	(County)		(Stote
	that (1) (this hospital eased alive an S	l) attend	ded the deceased fram		ed of	MED.		1			
22c. PHYSICIAN' NAME (Type	DONALD N			1062	RESS	leorgia	a ave.	Si	her	Spr	ing,
230. BURIAL, CREMA REMOVAL (Speci TRANS & &		O/60	23c. NAME OF CEMETERY WOODLAWN CEN			MILWA	TION (City, town, UKEE, WI	SCONS	SIN	(Stat	e)
24 THERADREE	OR'S SIGNATURE Y	ING.	SILVER SPRI	NG, MD.		AY 20'6		Umy S.			

may be knowned by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to buriol, cremation, or removal, and in ony event, within 72 parts after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

rs after death. Page 4

TO HOSP VR A15 (4) 1SM 9/S9

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

TO HOSF

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1.	o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE District of Columbia						
	b. CITY OR TOWN (If RURAL ond give nec	outside corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		mits, write RUI	RAL ond give ned	arest town)		
	OR INSTITUTION	L (If not in hospitol, give street  1 Hospital		d. STREET ADDRESS 2131 Observ	ratory Pla	ace. N.	W.	e. IS RESIDENCE ON A FARM? YES NO TO		
3.	NAME OF DECEASED (Type or print)	First Herbert	Middle Faulkner	Lost LARRICK	4. DATE OF DEATH	Month May				
5	SEX		RIED NEVER MARRIED	B. DATE OF BIRTH				IF UNDER 24 HRS.		
	ale	Caucasian widow		9-7-87			Months Days	Hours Min.		
100	during most of worki U. S. Mari	N (Give kind of work done 10b. ing life, even if retired)  Le Corps	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote		)	USA.	F WHAT COUNTRY?		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	11137				
	J. Buhrmar	LARRICK		Cora RUDAS	SILLE					
			SOCIAL SECURITY NO. 17.	NFORMANT		Addre	" Wash	ington, D		
)	Yes	f yes, give wor or dates of service)	(I	) Mr. Bernard	l Larrick	, 2726				
MEDICAL CERTIFICATION	PART I. DEAT  Conditions, if on gove rise to in couse (o), stoling t lying couse lost.  PART II. OTH  R L Q L  20g. ACCIDENT WAS	ER SIGNIFICANT CONDITIONS  S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER]	CONTRIBUTING TO DEATH BUTTON TO COURRE HOW INJURY OCCURRED  NURY OCCURRED  NOT WHILE  NOT WHILE		MINAL DISEASE CON  Port I or Port II of  m,   20f. (City or to	NDITION GIVE item 18.}	OVE	PERFORMED? YES NO		
	saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	(I) this bost of altended alive on May 23  May 13  John Wood DAVIS	1960 , and that	M.D. ATTENDING PHYS. 22d. ADDRESS	AFD ST	AFF	I an the date	22b. DATE -24-60		
23	BURIAL, CREMATION REMOVAL (Specify) Burial	5-27-60	23c. NAME OF CEMETERY Arlington		23d. LOCATION Arling			(Stote) ginia		
24 H	suntral Drectors	signature al Home, 1300 N	ADDRESS  St.,NW, Wash		HAY 26 '60		THAT'S SIGNATH			

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	absenced to Johnson		**	
	Washington	10 L 10 TS	()	1.00 m
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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6012

# CERTIFICATE OF DEATH

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	11 10 20 20 20 20	001	0	CEKIII	FICAI	E OF DEA	III		Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY	ntgomerv		MARYL		usual RESIDENCE o. STATE Marylai		ed lived. If institut b. COUNTY			re admiss	
	b. CITY OR TOWN (III	f outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If outside corp	porote limits, write	RURAL ond	give ne	arest town	1)
	Bethesda	R.		8 day	S	Rock	ville					
ı,	OR INSTITUTION	AL (If not in haspital, g	ive street	oddress)		d. STREET ADDRESS	6 Parkl	and Drive	a		e. IS RES ON A YES	FARM?
3.	NAME OF	urban					4. DATE					
3.	DECEASED (Type or print)	Fir Kennet		T homas	6	Lost	OF DEAT	н Ма		8	,	Yeor 19 60
5.	SEX	6. COLOR OR RACE		IED NEVER MARRIE	D [3] B. C	ATE OF BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR	IF UND	ER 24 HRS.
	Male	White	WIDOWI		1	6/30/	22	lost birthdoy)	Months .	Days	Hours	Min.
10	. USUAL OCCUPATIO	ON (Give kind of work of ing life, even if retired)	done 10b.	KIRD SENIGHER SE	INDUSTR	11. BIRTHPLACE (St	ate or foreign	country)	12. CI	TIZEN O	WHAT	OUNTRY?
	Physi			at81 Bureau	of	New Yor	k			U.	S.A	
13.	FATHER'S NAME					4. MOTHER'S MAIDE	N NAME					
	Harry I	emmon				Sarah	Bernha	rdt				
15	WAS DECEASED EVEL	R tN U. S. ARMED FOR If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Ade	dress			
	No				Fa	ther Mr.	Harry	Lemmon Sa	me as	a Abo	ove	
	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), ond (c).]						INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	,	RECDIA	1 400	V Alk	1/051	5		ON	/ / /	DEATH
	1/31/2	DUE TO		1 the price	1/0/	1	1001	-		- /	12	- A
	737.0			Kinh! -	12-	1. 1.	2-11	0	-		3/17	227
	Conditions, if as	mmediate		Jagons -	1000	reader (		rue en e	-	- 4	1	
	lying cause lost.		1	OPO/	10						37-	722.
CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY RMED?
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter nature of injury	in Port I or Po	ort II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeo	20d. II While of wor	Not while	20e. PLACE factor	OF INJURY (Home, f y, street, affice bldg.,	form, 20f. (Ci	ity or tawn)		(County)		(State)
		at I attended the	, deceas , 19_6	/ .	death a	, 19 <u>5</u> 9, ta_ ccurred at \$130		the causes a			e stated	
	ACTUAL SIGNATURE	Atepher	2	. Janes	M.D	R	rehert	Street, city or town	, store)		5/8	160
	PHYSICIAN'S NAME (Type)	terhen N.	Tot								/ /	
22	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC		22c. NAME OF CEME	TERY OR C			ATION (City, town, SICO, NEW	or county) YORK		(Stot	e)
23. W	FUNERAL DIRECTOR'	S SIGNATURE	Ka,	SILVER SPI	RING,		AY 11 '		ISTRAR'S S			

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Just after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72-bours after death.

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A SEPTEMBER OF THE PROPERTY OF about refferee services and the services are services and the services and the services are services and the services and the services are services are services and the services are services and the services are services and the services are services are services and the services are services are services and the services are services are services are services are services and the services are services are services are services are services are services are s AND A SECOND TO SECOND TOTAL SE PRESENT BUTTON OF THE SERVICES OF THE PROPERTY OF THE SERVICES. 

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed a. STATE b. COUNTY MARYLAND funeral CITY OR TOWN W outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RUPAL and give hearest town) PIO NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION by Hospital ond NAME OF First Middle 4. DATE Last filled DECEASED DEATH (Type or print) May 9. AGE (In years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED lost birthdoy) WIDOWED [ d 11. BIRTHPLACE (State or foreign country) Cam USUAL OCCUPATION (Give kind of work done 10b. KIND BUSINESS OR INDUSTRY pape during most of working life, even if retired) pup pau 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME up physici mave WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 72 Unknown ottending No deoth 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO by Conditions, if ony, which signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. ysician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) attending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificote 20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Year foctory, street, office bldg., etc.) Hour o. m. While Not while at wark ot wark 1960, that I last sow the deceased 21. I certify that I oftended the deceased from alive on and that death occurred at M, from the causes and on the date stoted obove. DIRECTOR: ADDRESS (Street, city or town, state) SIGNATURE P

ames

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FUNERAL DI 0 VS A15 (4) 1SM 9/S8

PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Robert A. Pumphrey

23. FUNERAL DIRECTOR'S SIGNATURE

22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Petersburgh Cem Lancaster. 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR Bethesda, Maryland Chilling & Henre

Washington Clinic, D.

Reg. Dist. No.

Month

Months

IS RESIDENCE

ON A FARM?

YES NO D

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

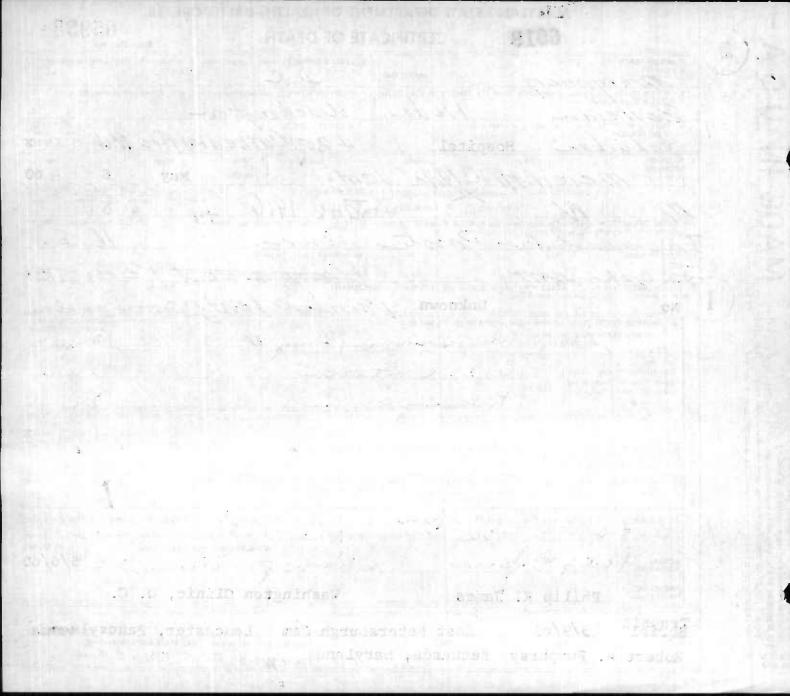
> 19. WAS AUTOPSY PERFORMED? YES NO

> > 16 /60

(State)

(County)

Year



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TO HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 22 off	TO FUNERAL DIRECTOR in a pospinal or alrending physician.  TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 shall be registrar prior to burial, cremation, or removal, and in any event within 72 haurs after depth.
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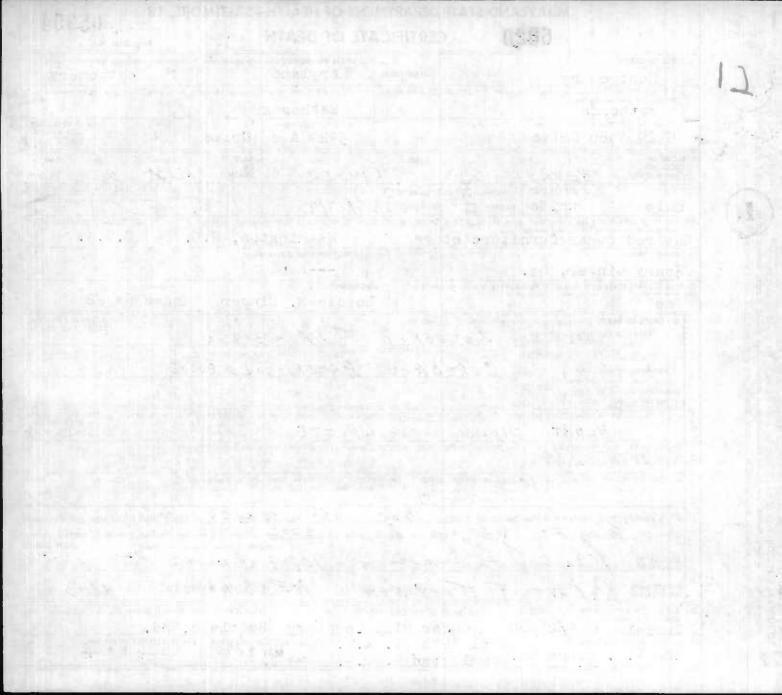
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6020 CER

	ì	5	(1)	5	18
- 1	7	U	U	U	4

TIELCATE	OF	DEATH		41
TIFICATE	Or	DEATH	Reg. Dist.	No.

1. PLACE OF DEATH o. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)  a. Maryland b. COUNTY Montgomery			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO K			
3. NAME OF First Middle (Type ar print) HENRY A	LINGER 4. DATE Month Day Year OF DEATH MASS 25 1960			
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years low birthdoy) Months Doys Hours Min.  5/27/75  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  Retired owner furniture store	Washington, D.C. U.S.A.			
Henry Linger, Sr.	14. MOTHER'S MAIDEN NAMEKuhland			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown)  1 (If yes, give wor or dates of service)	INFORMANT  Bessie M. Linger same as #2			
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause last.	THROM BOSIS  WHRTERIOSELE ROSIS  INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  M. P.L.E.T.E. NO 位			
	ED. (Enter noture of injury in Port I or Port II of item 18.)			
	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) (City or town) (County) (Stote)			
ACTUAL SIGNATURE Rahent J. Thitcolow	n accurred at 5,200 M, fram the causes and an the date stated abave.  ADDRESS, (Street, city or town, state)  M.D. 10609 CONCORD ST, 5-25-60			
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county) (Stote)			
	N.W. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CALLED ATE MAY 26 60 DATE MAY 26 60			



- All Collins and property	<b>.</b>
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	The same of the sa
9203 Wisconsin ave. 7.4 grading	P200 Wisconsia Ave.
to the training of the trains	
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	Morange Le
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# OR STATE HËALTH DEPT.

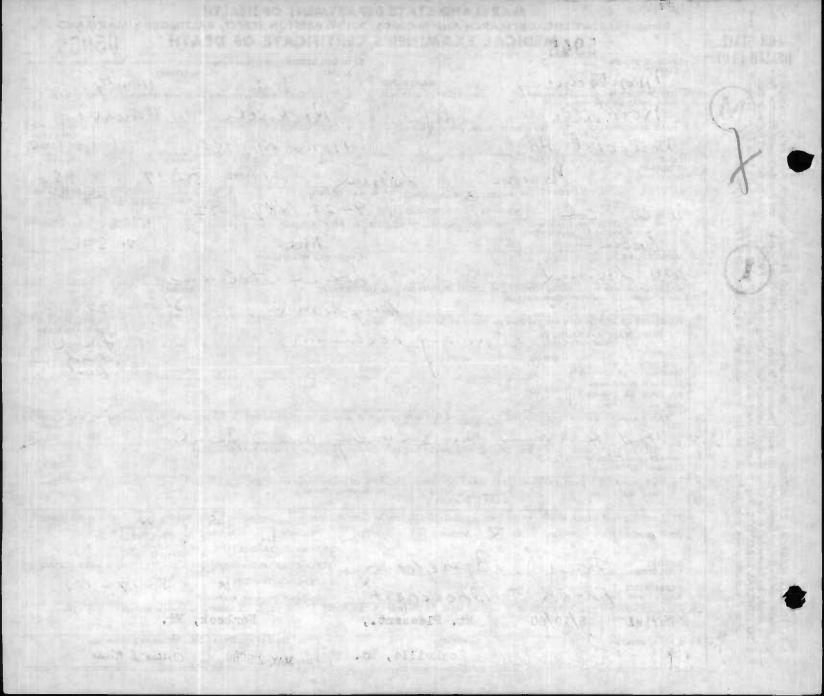
TO DEFACY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file the stand 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death.

VS. A15ME SM 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

594 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15956
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Re	sidance before edmission)
montgomery MARYLAND	e. STATE b. COUNTY mm	E.
b. CITY OR TOWN (if outside corporele limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end	
write RURAL and gife nearest town)	X Rockville Com	al)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Horwood Rd.	noword Rd	YES NO
3. NAME OF First Middle	Lasi 4. DATE Month	Day Year
(Type or print) Relson Lon	nax DEATH 5- 17	1960
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	
had CO WIDOWED DIVORCED DI	9-23-1887 72 yrs. Months De	nys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		EN OF WHAT COUNTRY?
done during mest of working life, even if retired)	mal m	-5 4
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	-3,-
rom 1	1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgive weror deles of service)	Addiss	
Mo	my Lornay stime	2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (0) Cornery or	Elusion	+med
720.1 DUE TO		dead in
Conditions, if eny, which (b)		feel
gave rise to immediate cause (e), stating the underlying		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	
18 Had been diad In 3 n 4	day is 2. " a	PERFORMED?
208. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED.	Enter netyre of injury in Pert I or Part I of item 18.)	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	CE OF INJURY (Home, farm,   20f. (City or town) (Count	y) (Slete)
Hour e.m. While Not While	tory, street, office bldg., etc.)	
		1.
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes 🔀, Accident 🔲, Suic	ide, Homicide, Undetermined manner	
4 0 0	CHIEF MEDICAL EXAMINER	
SIGNATURE CHELL OF THE FRENCH	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S FLANK J. Bhoschart	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	- 60
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Mt. Pleasant	R CREMATORY 22d. LOCATION (City, lown, or country)	(State)
23. PUNERANDIRECTOR O ADDRESS	24e. REC'D BY REGISTRAR   24b. REGISTRAR'S SIG	NATURE
Robert To Sumale Rockville,	Ma. DATEMAY 25'60 anthur S. A	Come



he 10

VS A15 (4) 1SM 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 6022

Reg. Dist. No.

PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE MARYLAND b. COUNTY MONTGOMERY MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
GERMANTOWN ROCKVILLE e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 12.115 Hunters Lane YLANDER MURSING HOME YES NO TE 4. DATE NAME OF Middle Month Day Year DECEASED MAY 15 60 LOUISE B LONG (Type or print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) 6/19/92 Months Dovs FEMALE WHITE DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY E. HOOK BENJAMIN CRANFORD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give war or dates of service) Mr. John C. Long, Sr. NONE 12,115 Hunters Lane, Rockville, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY REGRA EMORRHAGE MONTHS IMMEDIATE CAUSE (o) COROLARY HROMBOSIS Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) (County) (Stote) foctory, street, office bldg., etc.) MEDIC Hour o. m. Not while at work ot work 5-15 1960 that I last saw the deceased 19.60, to 21. I certify that I attended the deceased fram , and that death accurred at 200 A.M. fram the causes and an the date stated above. alive on ADDRESS (Street. ACTUAL SIGNATURE W. G. HALL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. 8URIAL, CREMATION 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) HEAVEN MONTGOMERY COUNTY, MARYLAND 5/18/60 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR SPRING. MD. MAY 17 arthur S. Though

J.E. Salverski Sit, I L .- Bones 201011 - 31 21 121 whether the district of the same and providing to the CARRY OF CAMPACIFICATION OF THE PROPERTY OF TH The second secon BIGG SERVER TO THE REPORT OF THE PARTY OF TH 

VR A1S (4) 15M 9/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

5927

1. PLACE OF DEATH o. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY OTHER Maryland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Chevy Chase
d. NAME OF HOSPITAL (If not in hospital, give street address)	a d STREET ADDRESS e IS RESIDENCE
5205 Chamberlin Avenue	5205 Chamberlin Avenue
3. NAME OF DECEASED (Type or print) Katherine	Loughrandeath May 31 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [3]	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min.
Female White WIDOWED DIVORCED	Dec. 15, 1886 73 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRING most of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
None	Washington, D. C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Loughran	Mary Fitzgerald
	NFORMANT Address
(If yes, give war or dates of service)  None	egina L. Carley (Sister) Md.
	205 Chamberlin Ave., Chevy Chase ETWEEN
PART I. DEATH WAS CAUSED BY:	Melanomy Conserand Death
IMMEDIATE CAUSE (o)	The chire out as
65/	al. C. Marting
Conditions, if any, which gove rise to immediate (b)	with function between the second
couse (a), stating the under-	
lying cause last. ) (c)	TAIOT DELATES TO THE TERMINAL DISEASE ON INITION CONTINUES AND
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  UNDERLYING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum no \)
	ED. (Enter nature of injury in Part I or Part II of item 1B.)
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Hour a. m.  P. m.  While Not while of work at work	ctary, street, affice bldg., etc.)
	10/01 39 5-19/1 1/01
21. I certify that (I) (this haspital) attended the deceosed from	/ / 0 1/
sow the deceased alive on 2 1960 and that of	death occurred of
7 11 1 11	ATTENDING MED STAFF SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. D
NAME ATPOPULATION AND ANE	3066- Pensel- new lung het
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Burial 6-3-1960 Mt. Olivet	Cemetery Washington, D. C.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Joseph Tawlers & ms, Jox 1756 fa luc. 7	1. W. Wash . DATENIN 3 '60 Octhor & House

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	The West of the Control of the Contr	entradion - T
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	desperant results in the	Martineal Indian
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### FOR STATE DEPT.

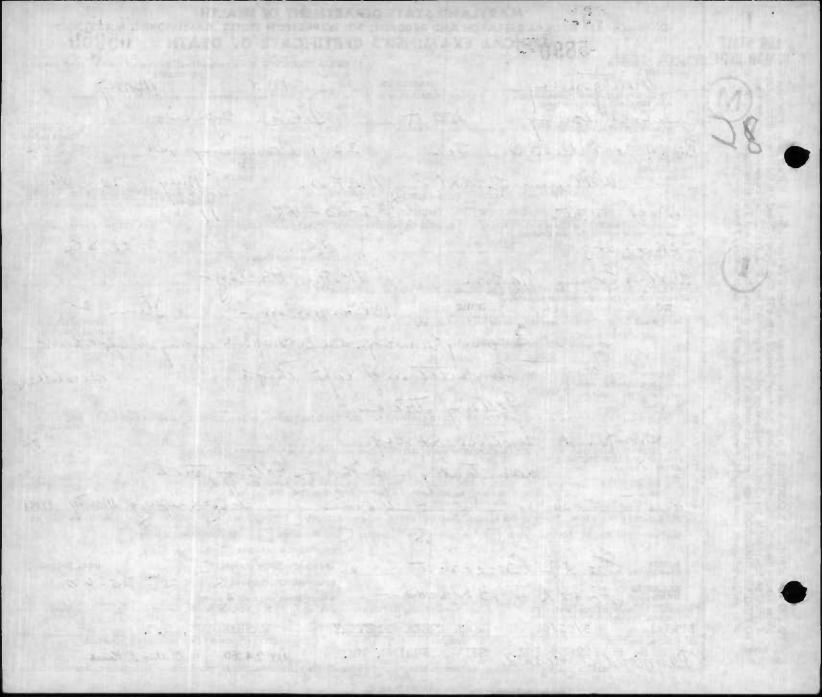
its designated agent, prior to burtal, cremation, or removal, and in any ex

TO DEPOCK MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18, Giva Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, illegates 1 and 2 with the State Board or the lith, or its designated agent, prior to burial, cremation, or removal, and in any expit within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH (15959 Division of STATISTICAL RESEARCH AND RECORDS, 58 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
o. COUNTY MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if allside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and pile neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	28 1-1 26.
d. NAME OF HOSPITAL ON INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
d. NAME OF HOSPITAL ORGINSTITUTION (IF NOT IN HOSPITAL, give street address)	ON A FARM?
Kear 1 2101 Westeren Fer-	2201 Glemmany Vole YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
(Type or print) William Japuhlen N	Jahon DEATH May 20 1960
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF SIRTH 9. AGE (In year IF UNDER 1 YEAR   IF UNDER 24 HRS.
male white WIDOWED DIVORCED 17	1-30-48 lest birthdey Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. 8IRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Actival by	ac. u.sc
	14. MOTHER'S MAIDEN NAME
un is for	h0 a
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. IN	Mitha Trely
(Yes, no, or unkown)   (Ifyes give wer or detes of service)	FORMANT Address
	bas Markon - Slew 2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) July Manager to Leurantus	e due Te Company with to little kear
DUE TO	
61.77	OIL DIV
geve rise to immediate cause	left thigh sudden
(e), steting the underlying DUE TO	
cause lest. (c) falling bree	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
13 Company tracture of les	YES NO W
	ter neture of injury in Pert I or Pert II of item 18.)
206. EXTERNAL GAUSE WAS PRIMARY ST OF CONTRIBUTING D C CAUSE OF DEATH.	MAC COLLINITION
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCUPATED   20e   LAC	E OF INVRY (Home form, ; 20f. (City or town) (County) (State)
	E OF INVERY (Home form, 20f. (City or lown) (County) (State) y, street, office bldg., etc.)
¥ 4:25 p.m. 5 - 20 19 60 of work of work W	rds telver pury Thing my
21. I certify that I took charge of the remains described above, held	an Autopsy , Inspection , Inspection and in my opinion
death resulted from: Natural causes , Accident , Suicic	le, Homicide, Undetermined manner
1-	CHIEF MEDICAL EXAMINER
ACTUAL TO A D Property of	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE STANDA 4- STOCKER	DEPUTY MEDICAL EXAMINER X 33 20-60
NAME (Type) FLACK J. BLOSCHZAL	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
BURIAL 5/23/60 ROCK CREEK CEME	TERY WASHINGTON, D.C.
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
WARNER E. PUMPHIEY, ING. SILVER SPRING,	MD. DATEMAY 24 60 arthur S. Hrous
Raymond a guska	I DAIE

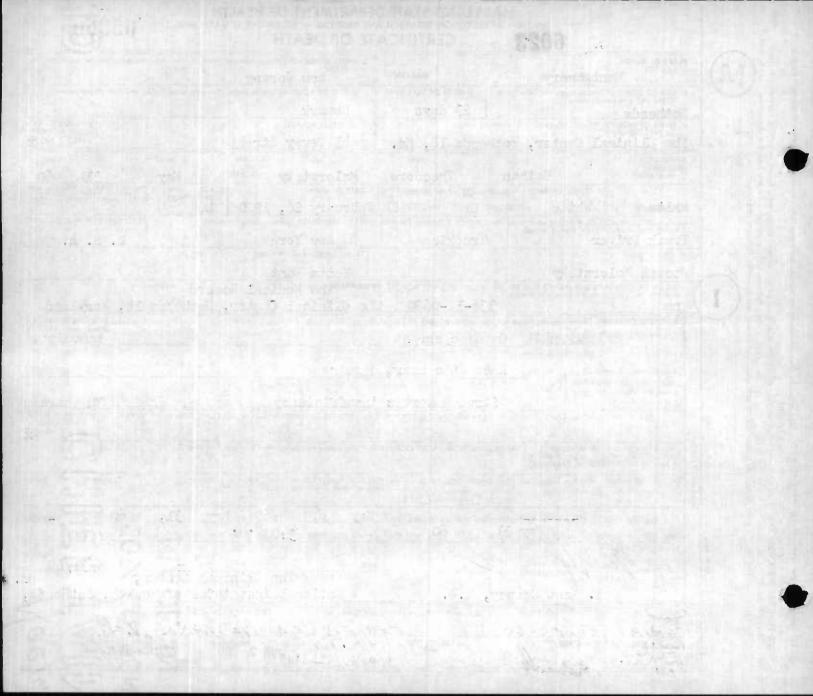


VR A1S (4) 1SM 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

6023 CERTIFICATE OF DEATH

	1. PLACE OF DEATH			-1015			2. USUAL RESIDENCE (	Where decease	ed lived. If institution	on: Residence	e before (	admissi	on)	
	Montgomery				MARYL		New Je	ersey						
	b. CITY OR TOWN (If a RURAL ond give neon	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				N 1b	1011 2							
J	Bethesda				Newark				0//	1 - 1	-51105			
3	d. NAME OF HOSPITAL	L (If not in hospitol, g	ive street	oddress)			d. STREET ADDRESS				e.	ON A	FARM?	
	The Clinica				. 14, Mc	i.	41 Dewey	Street	,		Y	ES 🗌	NO 🔀	
	3. NAME OF DECEASED	Fir			Middle		Last	4. DATE OF	Mon	ith	Day		eor	
	(Type or print)	Natl			Theodor		Maloratsk	DEATH	L'ICL)		31		960	
	S. SEX	6. COLOR OR RACE	7. MAR	RIED 🔀 N	NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years lost birthdoy)			lours	Min.	
	Male	White	WIDOW	ED 🗌	DIVORCED		February 26	, 1920	40 угз.	Womins	Joys I	10013	Willi.	
	10a. USUAL OCCUPATION during most of working	(Give kind of work	done 10b.	KIND OF	BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (St	ote or foreign	country)	12. CITIZ	EN OF W	HATC	SYNTRUS	
	Truck Drive		,	Truc	king		New You	rk		U	. S.	A.		
	13. FATHER'S NAME		2.0				14. MOTHER'S MAIDE	N NAME	ALL DE LA CONTRACTOR DE					
	Joseph Malo	ratsky					Yetta Fur	nt						
	5. WAS DECEASED EVER			SOCIAL S	SECURITY NO.	17. IN	FORMANTThe Med	dical R	ecord Add	ress				
	no li	yes, give war or dates of s	1	36-1	2-0630				Betheso	da 14.	Mary	vlar	nd	
1	1B. CAUSE OF DEATE	H [Enter only one co	use per li	ne for (o)	, (b), ond (c).]						INTERV	AL BET	WEEN	
4		WAS CAUSED BY:	Ca	rdia	arres	÷.					ONSET			
	410	MMEDIATE CAUSE (o		141.41	o alles	0					immediate		C. UB	
		DUE TO									00			
1	Conditions, if only gove rise to im-		nn	euman	tic hear	ru	usease				30	yea	rs	
	couse (o), stoting th													
	lying couse lost.	) (c					nsufficienc				130	yea		
	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBL	JTING TO DEA	TH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	VEN IN PART	1(0) 19.	WAS A	UTOPSY RMED?	
	CAT				13533								NO IS	
	PART II. OTHE  200. ACCIDENT WAS OR CONTRIBUTING [ If EITHER, NOTIFY M	UNDERLYING	20b. DES	CRIBE HO	W INJURY OC	CURRE	. (Enter noture of injury	in Port I or Po	rt II of item 1B.)					
		EDICAL EXAMINER)												
	20c. TIME OF INJURY	Month, Doy, Yes					CE OF INJURY (Home, fi		y or town)	(C	ounty)		(Stote)	
	20c. TIME OF INJURY Hour o. m. p. m.	19	While of wor		t while work	100	iory, siteer, office blug.,	elc.)						
	21. I certify that	(I) (this has disal	l) atton	dad tha	deseased	F-0-m	May 8,	1960 to	May 31.	19.60	) that	111 6	ua) lant	
	saw the decease	Mar	v 31	10	60	ا ۱۱۱۰۱۱	eath occurred at3.	77 78						
1	220. SIGNATURE	a dive on	1_2-3	17	and and	that a	eath occurred at	LUUM, Trom	the causes ar	a on the	aare s		DATE	
П	20.500	1/2	1	1			ATTENDING	MED.	STAFF		- 1-		SIGNED	
ı	22c. PHYSICIAN'S	. V jarre	)			/	A.D. PHYS.	DIRECTOR			5/3	11/6		
	NAME (Type)			25.3			22d. ADDRESS T		ical Cent		*		Md	
		E. Kent Ca	irney	, M.	0.		National	LInsti	tutes of	Healt	n, Be	ethe	esda,	
	230 BURIAL CREMATION REMOVAL (Specify)	, 23b. DATE THEREC	)F	23c. N	AME OF CEME	TERY O	RCREMATORY	23d. LOG	ATION (City, town,	or county)	-	(Stote	e)	
	BURIAL	JUNE-1-	60	1		HE	BRE IN CEN	1. (VE	WARK	1Nx	J.	The state of	100	
	24. FUNERAL DIRECTOR'S	SIGNATURE	-1	AD	DRESS 50	1-14	145 JIN 250. R	EC'D BY REGIS		STRAR'S SIG				
	B Cannanster of Sons, MASH, DC DATE UN 2 '60 arthur S. Thomas													



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VS A15 (4)

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5. SEX

CATION

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18(15961 CERTIFICATE OF DEATH 5932 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Montg Maryland Montg. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galthersburg 47Yrs Galthersburg d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 16 Mentgemery Ave. YES NO NAME OF Middle 4. DATE Month Yeor DECEASED Elwood May George Marshall 30 1960 (Type or print) DEATH 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years lost birthday) Hours Male White Apr 45-15-13 WIDOWED [ DIVORCED [ 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired. Government Clerk. Gaithersburg.Md. S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Marshall Mary Dwyer Addresaithersburg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN1 217-18-7638 Betty U.Marshall. Yes Mentg, AVe.

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ra-andeminal Conditions, if ony, which quelnom gove rise to immediate couse (o), stoting the under-42001 lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while

of work of work 30 19.6 U, to M 19 Othat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at ______M, from the causes and on the date stated above.

ADDRESS (Street, city or town, stote) DATE SIGNED Schumachen Gaithers ACTUAL SIGNATURE

NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote)

REMOVAL (Specify) Gaithersburg Forest Ook

23. FUNERAL DIRECTOR'S SIGNATURE Galthersburg. Md. Ernest C. Gartner.

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cithur S. House

YES NO

(Stote)

(County)

San Lynall ... . md age H and an office estanged died native TO THE TERMS OF SERVICE co warm the library as south agreed otisp oins EL 15 45-15-15 47 1 15 Coorgo W. Marahall Cladera W estoco smode world have Tes | U.W. 2 | Fire State | D. W. 1 | Ser. | THE SERVICE WATER TO SELECT THE PARTY OF THE THE DESIGNATION SHOULD BE A PORT OF THE PARTY OF THE PART The Mark of the consequence of the State of the THE SEAL SEAL MEDICAL SEAL AND SEAL CONTRACTOR Laires Colones - Co-1-0 Laires Weithburston . It's Smear C. Oscober didical . capping . D Junger

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urs after death.	y filled in by the funeral director, oges 1 and 2 shauld be filed with death.
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urs	in by
hin 2	es 1 c
- i	y fille oges death

# MARYLAND STATE DEPARTMENT OF HEALTH 6024 CERTIFICATE OF DEATH

n. COUNTY Montgomery											
			MARYLA		usual residence (Ma. STATE District o		b. COUNTY	an: Resider	nce befar	e admissi	ian)
b. CITY OR TOWN (If RURAL and give no	f autside carporate limit	s, write c.	LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN (If	outside corpor	ate limits, write R	URAL and	give nea	rest tawn	)
Bethesda (Rural) 130 days					Washington			4	1-7)	1	)
d. NAME OF HOSPITA	AL (If not in haspital, gi	ive street oddr	ess)		d. STREET ADDRESS					ON A	FARM?
U. S. Nava	1 Hospital				1104 21st	Place,	N. E.			YES 🗌	NO 🔀
3. NAME OF DECEASED	Firs	it	Middle	1,70	Last	4. DATE	Man	th	Day	, 1	<b>Геог</b>
(Type ar print)	Rose	oe	Woodrow		MC CALL	DEATH	May	7	15	1	1960
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE		7	
Male	Negro	WIDOWED [	DIVORCED		12-10-18	15.7	41 yrs.	Manths	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind af work d	lone 10b. KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e ar fareign co	untry)	12. CIT	IZENOF	WHATC	OUNTRY
during mast at wark	king life, even if retired)				So. Ca	rolina		U	.S.A		
13. FATHER'S NAME				. 1.	4. MOTHER'S MAIDEN					•	
Bennie MC	CALL				Rosa WATS	ON					
IS. WAS DECEASED EVER			TAL SECURITY NO.	17. INFOR		0.1	Add	ress			
Yes, no, or unknown) Yes	1944 - 1946	-		Hosp	ital Recor	de					
	TH [Enter anly one cau		s (a) (b) and (c) 1	поор	TOUT MEGOT	<u>~</u>			INTE	RVAL BE	TWEEN
Canditians, if ar gave rise ta ir cause (o), stoting ilying cause lost.	mmediote (	Ca.	LECTION TO DEAT	H BUT NO	1 - The A	leng	CONDITION GIV	FN IN PA	PT 1(a) 11	19	ALITOPSY
2										PERFO YES	RMED?
20g. ACCIDENT WA	CAUSE OF DEATH	ZUB. DESCRIB	E HOW INJURY OCC	CURRED. (E	nter noture af injury in	Port I ar Part	II of item 18.)				ио ሺ
☑ OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			0e. PLACE	of INJURY (Home, far, street, office bldg., e	m, 20f. (City			(Caunty)		NO K
20c. TIME OF INJURY Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Doy, Yea	20d. INJUR While at work	Not while at wark the deceosed fr	0e. PLACE foctory	OF INJURY (Home, far , street, office bldg., e	m, 20f. (City	ar town)	, 19_!	60, th	stoted	(Stote
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that saw the deceas 22c. SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Doy, Yea  19	20d. INJUR While at work	Not while at wark the deceosed fr	0e. PLACE foctory	OF INJURY (Home, far, street, office bldg., e)  DURY 6 1  h occurred at6:	m, 20f. (City	ar town)	, 19_!	60, th	stoted 22t	(Stote
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that saw the deceas 220. SIGNATURE	Y Manth, Doy, Yeo  If (I) phishcoite!	20d. INJUR While at work	Not while at wark the deceased from 160, and the second from 160 and the secon	Oe. PLACE foctory  rom. Ja  hat deat	OF INJURY (Home, for , street, office bldg., e)  DURY 6 1  h occurred at6:	20f. (City	ar town)  May 15 the couses on STAFF PHYS.	, 19_1 d an th	60, the	stoted 22t 5-1	(State
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that saw the decease 220. SIGNATURE  22. SHATURE  23. BURIAL, CREMATIO	Y Manth, Doy, Yeo  If (I) phishcopital  Robert C	or 20d. INJUR While at work () attended	Not while at wark the deceased from 160, and the second from 160 and the secon	Oe. PLACE factory  rom. Ja. hat deat  M.D. USN	OF INJURY (Home, for, street, office bldg., e)  DURY 6  h occurred at6:  ATTENDING PHYS.  22d. ADDRESS  U. S. Na.	m, 20f. (City tc.) 260, to 20f. From	ar town)  May 15 the couses on STAFF PHYS.	, 19_1 d an th	60, the dote	stoted 22t 5-1	(Stote
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that saw the deceas 22c. SIGNATURE  24. CPHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATIO REMOVAL (Specify)	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Doy, Yeo  19  It (I) phis hopital sed glive on May  Robert C.	THOMAS	the deceosed from 60, and the following from 60,	Oe. PLACE factory  rom. Ja. hat deat  M.D. USN	OF INJURY (Home, for, street, office bldg., e)  DURY 6  h occurred at6:  ATTENDING PHYS.  22d. ADDRESS  U. S. Na.	206. (City 206. (City 206. from AED. 207. From AED. 23d. LOCAT	may 15 the couses on STAFF PHYS.   pital, F	, 19_1 d an th	60, the dote	stoted 22t 5-1	(Stote
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify that saw the decease 220. SIGNATURE  22. SHATURE  23. BURIAL, CREMATIO	A CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Doy, Yeo  19  It (I) phis hopital  Robert C.  N, 23b. DATE THEREO  ment 5-18-	THOMAS	the deceosed from 60, and the following from 60,	Oe. PLACE factory  rom. Ja. hat deat  M.D. USN	OF INJURY (Home, for, street, office bldg., e)  DURY 6  ATTENDING PHYS.  22d. ADDRESS  U. S. Na.  REMATORY	206. (City 206. (City 206. from AED. 207. From AED. 23d. LOCAT	ar town)  May 15 the couses on  STAFF PHYS.   DON (City, town, ington	, 19_1 d an th	60, the date	stoted 22t 5-10 Md. (State	(Stote

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	Hospitus Necutia		6412 - 1416E	1.11
	June 1991 o greater			
So-OL-5	partition payer in the			
			08-64-2 amounts	Beriel-B
	Green MM Fre Dalbust Li	H TE DISE	la Piberel Ban.	F25.3.8

FOR STATE TO DEPOY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, the please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page. I and a with the State Board of Health, or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

6025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05962

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution:	Residence before edmission)
a. COUNTY MINTERSON MARYLAND	a. STATE b. COUNTY	1-
b. CITY OR TOWN (if outside concrete limits.   c. LENGTH OF STAY IN 16	E. CITY OR TOWN (If outside corporate limits, write RURAL an	d give heerest town)
write RURAL and give nee (es town)	2	4
d. NAME OF HOSPITAL OR INSTITUTION (if notain hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
14 Q	11010 710	ON A FARM?
4402 ft. Summer Lr. Wash 16, DC	17802 FT. Summer On Which 16,	OC YES NO X
3. NAME OF First Middle	Last 4. DATE Month OF	Dey Yeer
(Type or print) Brian Kaul mc Ch	entre DEATH May 2	1 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year) IF UNDER I	
Mala WILL WIDOWED DIVORCED	6-2-1959   lest birthday   Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST		IZEN OF WHAT COUNTRY?
dona during most of working life, even if retired)	m1	1101
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1-3.4
SAID MARI	PI - 0 1	
Slephen Mr Clinke	Vorethy Trockeck	
15. WAS DEPEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no or ankown) (If yes give we rordetes of service)	INFORMANT Address	0.7
NO - NONE S	Ephre Mª Clustic - (fasher)	Ilm 2
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSET AND DEATH
921/0 DUE TO 01/		Rudden
	To sin	
geva rise to immadiata causa		
(a), steting the undarlying DUE TO		The second second
causa last. (c)	OT ATTA TO THE TERMINAL DISTAST COMPRISE CONTRACTOR	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  208. EXTERNAL CAUSE WAS PRIMARY ST OF CONTRIBUTING CAUSE OF DEATH.	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
CAN		YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Entar nature of Injury In Part I or Part II of Item 18.)	•
IVIIIE WILL COUNTY	Letwon side thinged Tot	I crit
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 10e. PL	ACE OF INJURY (Homa, farm, 20f. (City or town) (Cou	(State)
	ctory) streat, office bldg., etc.)	7. 1. 1
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry V,	and in my opinion
		ayro in my opinion
death resulted from: Natural causes , Accident , Sui	cide, Homicide, Undetermined manner	]
1 . A B	CHIEF MEDICAL EXAMINER	
SIGNATURE Blenk & .   Spire hart	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S A	DEPUTY MEDICAL EXAMINER	21-60
NAME (Type) FLANK J. 13085 Ch2 HT	Address (Streat, city, town, or county)	
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, lown, or country	(State)
Burial 5-27-60 aplington	nath Com arkington	a
23. FUNERAL DIRECTOR ADDRESS ADDRESS	246. REC'D BY REGISTRAR (246. REGISTRAR'S'S	GNATURE
1 1. Hon to 100 2224W	NO are DATE MAY 27'60	
2.11011.1011	WE WALL DATE MINI 2 / OU   Cuting &	- Carrie

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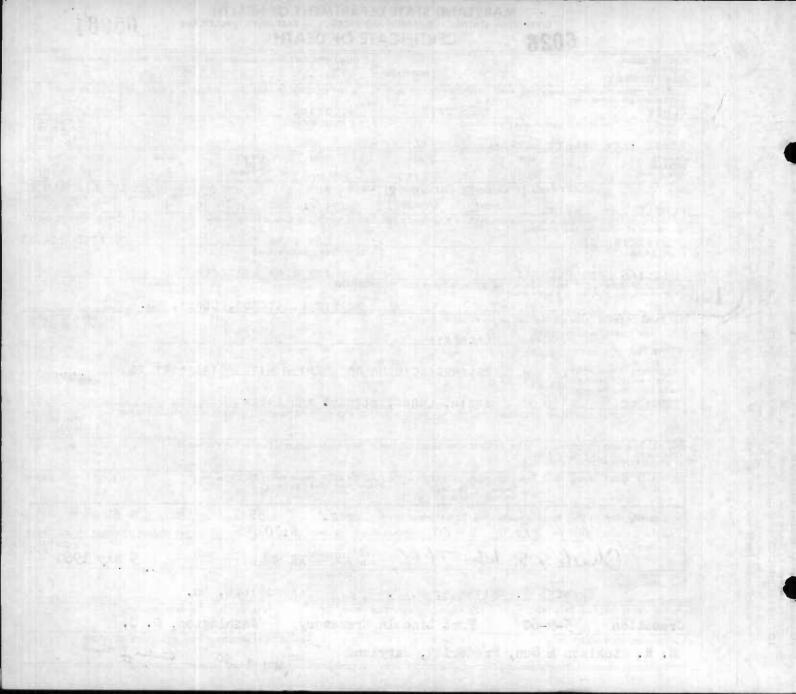
VR A15 (4) 1SM 9/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 6026

	0	LACE OF DEATH L. COUNTY MONTGOMERY			MARYLAN	a. :	UAL RESIDENCE (Y STATE ARYLAND	Where deceased	b. COUNTY		nce befo	ire admiss	ian)
	b	o. CITY OR TOWN (If RURAL and give nec	outside corporate limits arest tawn)	, write	c. LENGTH OF STAY IN 1	b c.	CITY OR TOWN (I	If autside corpo	rote limits, write R	URAL ond	give ne	arest tawr	1)
2	_	OLNEY			25 DAYS	_	OODBINE			/	S	-04	
		OR INSTITUTION	AL (If nat in haspital, give			d.	STREET ADDRESS						FARM?
			COUNTY GET	VERAL	HOSPITAL							153 [_	NO
	I	NAME OF DECEASED Type or print)	First		Middle		Last	4. DATE OF DEATH	Man		Do	,	Year 1960
	5. S		MAF		GEES		MCCOMAS OF BIRTH		9. AGE (In years	A Y Tif under	1 YFAR		
				· MARK	RIED NEVER MARRIED Y	B. DAIE	/25/04		last birthdoy) 55 yrs.	Manths	Days	Haurs	Min.
		FEMALE USUAL OCCUPATION	WHILE		KIND OF BUSINESS OR IN	DUSTRY	/ /	ate or foreign c		12. CIT	IZEN O	F WHAT C	OUNTRY?
		during mast af warki	ng life, even if retired)	une 10b.	KIND OF BOSHIESS ON III	DOJIKI II	. Dittin Dice (or	are or recorgic or	,,,				
		DISTRIBU	TOR				MARYLA				UN1	TED S	TATE:
Н	13.	FATHER'S NAME				14. A	NOTHER'S MAIDER	N NAME					
-		WILLIAM G	EES MCCOMAS	S			MARY ED	NA STAU	FFER				
В		WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO. 17	7. INFORMA	ANT		Add	ress		-	
	Tes		f yes, give war or dates of ser	vice)		Ha	SPITAL R	ECORDS.	OLNEY.	Mn			
/		NO CAUSE OF DEAT	THE COLUMN THE COLUMN THE COLUMN	no mon liv	ne far (o), (b), and (c).	110	SPITAL	ECURUS	UENEL	UV e	LINT	ERVAL BE	TWEEN
			H WAS CAUSED BY:	se per in	ne lat (0), (b), and (c).]							SET AND	
		PART I. DEAT	IMMEDIATE CAUSE (a)		CACHEXIA						-		
		158X	DUE TO								4.0		
-		Canditians, if an	y, which ) (b)		TELANOCARCINO	MA OF	OMENTUM	WITH M	ETASTASE	S TO			
		gave rise to in	nmediate (										
		cause (a), stating t lying cause last.	ne under-		DDAIN LUMCS	KIDN	EVE AND	LIVED					
	Z		FR SIGNIFICANT COND		BRAIN, LUNGS,		EYS AND		E CONDITION GIV	VEN IN PAI	RT 1(a)	19. WAS	AUTOPSY
	CATIO											YES	KWEDY
	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Ente	r nature af injury	in Part I ar Par	rt II af item 1B.)				
	MEDICAL	20c. TIME OF INJURY	Manth, Day, Yea	r 20d. I	NJURY OCCURRED 20e	PLACE OF	INJURY (Hame, fr	farm, 20f. (City	y ar tawn)		(Caunty)	)	(State)
	EDIC	Haur a.m.	19	While	Nat while	factory, st	reet, affice bldg.,	etc.)					
	×	p. m.		at war								-	
		21. I certify that	t (1) (this hospital)	attend	ded the deceased fro	mSE	PI	19_59, to_	MAY 4	19	60 H	hat (I) (	we) last
		saw the deceas	ed alive an MA	Y_4_	19_60, and the	at death	occurred af	30M, Pfram	the causes ar	nd an th	e date	e stated	abave.
		22a. SIGNATURE	1		1:-1:-							22	b. DATE
			harles s	h	the Takes	M.D. P	ATTENDING XX	MED. DIRECTOR	STAFF PHYS.	5	May	1960	SIGNED
		22c. PHYSICIAN'S					2d. ADDRESS						
		NAME (Type)	CHARLES S	. WH	ITAKER, M. D.		CLAF	RKSVILLE	Mo.				
	230	BURIAL, CREMATIO			23c. NAME OF CEMETER		ATORY	23d. LOCA	TION (City, town,	ar caunty)		(Sta	te)
		Cremation	5-9-60		Fort Lincol	n Cre	matory	Wash	ington,	D. C.			
	24	FUNERAL DIRECTOR'S	, , , ,		ADDRESS			EC'D BY REGIS	TOAD OF PEGI	CTPAP'C C	IGNATE	JRE	
				n. F	rederick, Mar	yland				Shall &	. the	MA	
	_			7 "			DATE	MAY 9 1	60 1 2	, , , ,			



/	6027 CERTIFICATE OF DEATH  Reg. Dist. No. 965
	1. PLACE OF DEATH O. COUNTY  MONTO 90 MORRY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND  3. STATE MARYLAND  O. STATE MARYLAND  O. STATE MARYLAND  O. STATE MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write of LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  PAIR AND  1674. 2
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION CALRIAND. NURSING HOME 4615 Powder-Mill Rd  e. IS RESIDENCE ON A FARM? YES   NO BY
	3. NAME OF DECEASED (Type or print)  5. SEW 16. COLOR OR RACE   7. MARRIED   DIEVER MARRIED   B. DATE OF BIRTH   Day Year 196 (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED Months Doys Haurs Min.  10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRYS
	Gowshine Wester Green of retired of States of Market States of Sta
1	Januel Clayton Sarah Gale  15, WAS DECEASED EVER IN U. S. ARMED FORCEST 16, SOCIAL SECURITY NO. INFORMANT Address
	(Yes, no, or unknown) (If yes, give war or dates of servick)  1B. CAUSE OF DEATH [Enter only one cause per line far (p), (b), and (c).]  INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Crabal varular weindent 2 days
	Conditions, if any, which gove rise to immediate couse (o), storing the under:  DUE TO  DUE TO
	lying couse last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. 20d. INJURY OCCURRED Occurrent, street, office bldg., etc.) (Caunty) (State
4	21. I certify that I attended the deceased fram 1948, to 1465, 1960, that I last saw the deceased alive an 1960, and that death accurred at 970, from the causes and an the date stated above
	ACTUAL SIGNATURE ACTUAL M.D. 9-E PARKWAY, GREENBELI, HH 5-6-1
	PHYSICIAN'S HANS WODAK, M.D.
	220. BURIAL, CREMATION, 22b. DATE THEREOF FOR STORY FOR CREMATORY BREMOVAL (Specify) 5-9-60 FOR STORY County Bladenslung Marylum
	23. FUNERAL DIRECTOR'S SIGNATURE  W.W. Chambers & Twerdale Mg. 240. REGISTRATE STONATURE  DATE DAY 11'60 Civiling S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmiss a. STATE b. COUNTY					
MONTGOMERY MARYLAND	MARYLAND MONTGOMERY  c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDE				
MONTGOMERY COUNTY GENERAL HOSPITAL	FALLS ROAD	YES NO				
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer				
(Type or print)  BERNARD  LEO	McGowan DEATH MAY 10	19 60				
5. SEX 6. COLOR OR RACE 7. MARRIE NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years   IF UNDER 1   Months   E	YEAR IF UNDER 24 H				
MALE WHITE WIDOWED DIVORCED	2/28/03 57 yrs.	AA2 LIOUIS WI				
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUN				
WINDOW CLEANER  13. FATHER'S NAME		S. A.				
	14. MOTHER'S MAIDEN NAME					
	MARTHA HAINES NFORMANT Address					
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	HOSPITAL RECORDS, OLNEY, MARY	/I AND				
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	HOSPITAL NECORDS, OLNET, TIAR	I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) RUPTURED AB	DOMINAL ANEURYSM , SUDDEN	ONSET AND DEATH				
DUE TO	DOMINAL ANEORISM & SOUDEN					
geve rise to immediate cause						
(a), steting the underlying DUE TO		1 4 4 4 5				
cause lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTO				
DIED UNDER ANESTHESIA WHILE DOLN	G AN EXPLORATORY OPERATION	YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  DIED UNDER ANESTHESIA WHILE DOIN  208. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	nter nature of injury in Pert I or Pert II of item 18.)					
	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (State				
Hour a.m. While Not While feet p.m. 19 et work et work	ory, street, office bidg., etc.)					
21. I certify that I took charge of the remains described above, he	ld an Autopsy X, Inspection , Inquiry ,	and in my opinio				
death resulted from: Natural causes . Accident . Suic	ide, Homicide, Undetermined manner					
1 1 1	CHIEF MEDICAL EXAMINER					
SIGNATURE Truck of Inorthant	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
EXAMINER'S	DEPUTY MEDICAL EXAMINER	5/10/60				
PRANK J. BROSCHART, M. D.  220. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OF	Address (Street, city, town, or county)	(Shaha)				
KEWOVAL (Specify)		(State)				
Burial   5-14-60   Samples Mano						
23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	WALLE .				
Janus H. Barber Laytonsville. Md.	DATE MAY 1 3'60 Cirthur S.	/ 000000				

TRUNSCHOOL GRAUVER TARRIOGY HOM EARS ROCK VILLE JATISTON HARRIED PRINCE YFRICKTION FALLS NOAD SERVAND ST. LEG. PECCHAN E0/U2/S HALL STANK - STANK DEALYRSH WARABUS WOODS NABOUR HARRES MOSSITAL RECORDS COMEY, HARTSON RUPTURES ARBENTANC ACCURYSIN . SUDDEN

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FRANKLIS BEAGGHANTS N. B.

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may be retained by the haspital ar ottending physician.

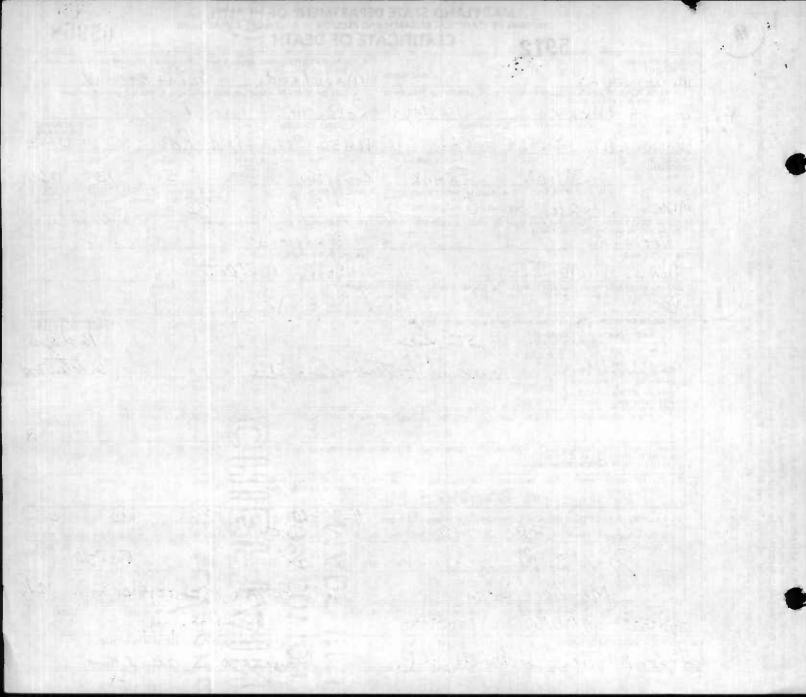
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar removal, ond in any event, within 72 haurs offer death. urs ofter death. Page 4

. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2

TO HOS VR A15 (4) 15M 9/59

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L	5919 CERTIFICATE OF DEATH	(10000
1	1. PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of COUNTY of Maryland	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown)  LOG CONTAIN 16 C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown)	ve nearest town)
5	d. NAME OF HOSPITAL (If nat in haspital, give street address)  OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	Washington SAN, 4 HOSP. 11432 Schuy/Kill Kd.	YES NO
3	3. NAME OF DECEASED (Type or print)  JOSEPH First Middle Last 4/DATE Month OF DEATH  STATE MONTH OF DEATH	Day Year 19 60
5	MARKIED TO THE MARKIED	YEAR IF UNDER 24 HRS.
	MHE WIDOWED DIVORCED 1 / 9/87 73 yrs.	
1	during most of warking life, even if retired)	EN OF WHAT COUNTRY?
1:	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	11.3.
	Thomas T. Mc Jilton Molly Moffett	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dollar of service)	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  DUE TO  Canditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause last.  (c)	interval Between ONSET and Death No days undelemines
ZOLEAD	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
_		
AMEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of wark of wark 19 of wark 19 (Co	ounty) (State)
	saw the deceased alive an 5-13 1960, and that death accurred at 155M, from the causes and an the	2, that (1) (ye) last date stated above.
	22a. SIGNATURE  M.D. ATTENDING MED. STAFF DIRECTOR DIRECT	3-60 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Morris Perry 22d. ADDRESS 11602 Georgia Avenue, Sher	Spring Md.
2	230. BURIAL, CREMATION, 23b. DATE THEREOF Parklawn 23d. LOCATION (City, town, or county)  REMOVAL (Specify) 5/16/60 Parklawn Rockville, Md.	(Stote)
2.	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE AND 1 6 60 Cathur & 1	
F	The second of th	V)



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# MARYLAND STATE DEI 6029 MEDICAL EXAM Montgomery

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05969

Reg. Dist. No.

	o. COUNTY M	ontgomery	7	MARYL	li li	o. STATE ME	(Where dece			iont;		ssion)
	b. CITY OR TOWN (If and give nearest town)	Bethesda"	RURAL	6. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN	dethes	argte limits, write	RURAL o	nd give n	earest to	wn)
		ional Mar		San.		d. STREET ADDRESS		La.			ON.	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Archabo		Middle A. Mcl	Kinl	Lost	4. DATE OF DEATH	Monti Ma		Por		oor 9 60
5.	male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED	8. D/	12/16/1	871	9. AGE (In years last birthday) 88 yrs.	Months	R TYEAR Days	Hours	ER 24 HRS. Min.
100	. USUAL OCCUPATIO	ON (Give kind of work of the control)	ione 10b	KIND OF BUSINESS OR IN CETITE CLAWY	DUSTRY Per	11. BIRTHPLACE (SIG	ote ar foreign	country)	12. CI		F WHAT	COUNTRY
13.	John Mc	Kinley			14	. MOTHER'S MAIDEN	NAME	McNama	ra			
15. {Ye	WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO.	17. INFO		Record	Address				27
CERTIFICATION	Conditions, if or gave rise to immed (o), stoling the ucouse lost.	iote couse DUE TO	VII	Carcinoma th metastas ONTRIBUTING TO DEATH	sis					RT 1(a) 1	9. WAS / PERFO	
MEDICAL	Hour o.m. p.m.	19	While at w	le Not while ork at work	factory,	street, office bldg., a	lc.)	ly or lowily	(0)	ouniyj		(Sidie)
			-	remains described  Accident  ,				Inspection 🔼, Indetermined o	_		, and f	find that
	ACTUAL SIGNATURE	Frank J	Bro	www.hauf oschart	M	.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICA	ICAL EXAMIN	ER D	May	8, 1	DATE S	
220	BURIAL CREMATION	N. 276 DATE THEREO	b				Des	ATION (Gity, town, or Plaines	or county)	Il	1 (Stote	)
23.	Robert 1	Pumphr	ey 7	TE E PR 111	Bett Ave.	Md 24a. RE	C'D BY REGIS		STRAR'S S			

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Carrie S. 1967		Tourseon D (1979)
Tirr Bank		
	MARKET TO A STORY OF THE PARKET	

urs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1

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CERTIFICATE OF DEATH

Montgome:			MARYLAND	2. USUAL RESI	DENCE (Where decease		on: Residence before Arundel	re admission)
b. CITY OR TOWN RURAL and give Bethesda		-0 -	OF STAY IN 16	c. CITY OR	TOWN (If outside corp	porote limits, write R	URAL and give nea	rest town)
OR INSTITUTIO	SPITAL (If not in hospitol, gi	ve street address)		d. STREET A	an Street			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	Firs Beatr		Middle thingtor	MC I	4. DATE OF DEAT		th Do 23	
5. SEX	6. COLOR OR RACE	7. MARRIED TO NEVER		B. DATE OF BIRT		9. AGE (In years last sthdoy)	Months Days	Hours Min.
Female	340020		DIVORCED	3-30-	-	40 yrs.		
during most of v Housewif	ATION (Give kind of work divorking life, even if retired)  C	one 10b. KIND OF BUS	INESS OR INDU		ACE (State or fareign	county)	U.S.A	F WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME	- 12-1-16		
William	COLBERT			Ella S	STANBURY			
	(If yes, give war or dates of ser	CES? 16. SOCIAL SECU	RITY NO. 17. II	Charles	T. McKin	Add		OVA
Conditions, i gave rise to cause (o), stati lying cause la	ng the <u>under-</u>	Leukemia,	acute,		D THE TERMINAL DISEA	ase condition giv	ong	ERVAL BETWEEN SET AND DEATH DOS  19. WAS AUTOPS PERFORMED? YES NO
20g. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT 20g. TIME OF IN	NG CAUSE OF DEATH	20b. DESCRIBE HOW IN		D. (Enter noture of	FARRETT Y		(5)	45A-A
Hour o.	m.	While Nat while ot work	le fa	ctory, street, offic	e bldg., etc.)	ity or town)	(County)	(Stote
21. I certify saw the deci 22a. SIGNATURE 22c. PHYSICIAN' NAME (Type	s Hale	attended the dec 23 1960 Luclf WELL, IT, M	, and that c	M.D. ATTENDIN PHYS. 22d. ADDR	d at 4:28AM, from	n the causes an	od an the date	23-60 SIGNE
23a. BURIAL, CREMA REMOVAL (Spec		960 Bre	OF CEMETERY O	R CREMATORY	230,100	ATION (City, town,	lis /	1State)
Vm. Reese	Mortuary, Ar	ADDRES		anla	DATE MAY 2 6	STRAR 256, REGI	STRAR'S SIGNATURAL	RE WA

may be retrained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be Titad with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours ofter death. TO HOS VR A15 (4) 15M 9/59

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I director, filed with	V. PLACE OF DEATH O. COUNTY Montgomery MARYLAND  MARYLAND  V. STATE D. COUNTY MARYLAND
should be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Bethesda (Rural)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Germantown
20	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION U. S. Naval Hospital  ON A FARM? YES NO M
filled in b ges 1 and eath.	3. NAME OF DECEASED (Type or print) Leroy Arthur MC MULLEN Day Yeor OF DEATH MAY 23 1960
pletely fille srs. Pages after death.	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years lost birthdoy)  71 yrs.  8. DATE OF BIRTH  9. AGE (In years lost birthdoy)  71 yrs.  8. Days Hours Min.
n pape haurs	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Power Co.  Pennsylvania  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
	13. FATHER'S NAME  Solomon MC MULLEN  Clarise SABIN
ding physicion ase remove cor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  Yes    (If yes, give worr or dates of service)   (If yes, give worr or dates or dates or
an. I signed by the attending physicion sit permit. Then please remove co or removal, and in any event, within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost.  INTERVAL BETWEEN ONSET AND DEATH TYPS.  [b) DUE TO  (c)
g physici has been urial-tran ematian, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.)
ificate the b ol, cre	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
al or at this cert r use as r to buri	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED Of INJURY (Home, farm, 20f. (City or town) (County) (Stote)  foctory, street, office bldg., etc.)
R: After ached fa	21. I certify that (h) (this hospital) attended the deceased from Nay 22
L DIRECTOR	22c. PHYSICIAN'S NAME (Type)
may be reco	23a. BURIAL, CREMATION, REMOVAL (Specify)  Burial  23c. NAME OF CEMETERY OR CREMATORY  Arlington National  23d. LOCATION (City, town, or county)  Arlington Virginia
R A15 (4) SM 9/59	24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE  Lee Funeral Home, 4th & Mass. Ave., N.W., WashDC DATE MAY 25'60  Cultur & Kuna

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FOR STATE HEALTH DEPT

TO DEPU. MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any decisions a security is executed, certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the liberal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6032MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Mon	before admission)				
	b. CITY OR TOWN (If outside corporate limits, write #URAL and give nearest lown)  Rethesda  C. LENGTH OF STAY IN 1b  DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  59  Bethesda					
A	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Suburban Hosp.	/d. street Address 7513 Marbury Rd.	e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print)  A.C. Miller a/k/a Amos C	OF .	Day Year 19				
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8.  White WIDOWED 10 DIVORCED	DATE OF BIRTH  1/14/1884  9. AGE (In years leaf birthday)  76 yrs.  IFUNDER 1YE Months Day	FAR IF UNDER 24 HRS. ys Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION during most of working life, even if retired)  Farmer retired	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	USA				
	13. FATHER'S NAME  JOS. P. Miller	14. MOTHER'S MAIDEN NAME  Martha Wortinger					
	(Yes, p.g. or unknown)   (If yes, give war or dates of service)	Morris V. Boley Item 2	n in law				
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  MMEDIATE CAUSE (o)  DUE TO		INTERVAL BETWEEN DISET AND DEATH SUDDEN				
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  Conditions (b) Hypertentian  (c) Hypertentian  (b) Hypertentian  (c) CC  FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	years				
1	Š C.V.A. about 6 mo. ago		PERFORMED? YES NO 1				
		nter noture of injury in Port I or Port II of Item 18.)					
	20c, TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 40e. PLAC facto of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County, street, office bldg., etc.)	) (Slote)				
1	21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes Accident, Suicide, Hamicide, Undetermined manner						
4	SIGNATURE STAND & Broschout	_M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
	EXAMINER'S NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER May. 1	2,1960				
	220. Subject to the property of the property o	Cem. Colmon Manor, Md.	(Stote)				
	J. William Lee's Sons Co 300-4th St	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA					
	o . "TTTTam nee. 2 DONZ OO JOO-400 DT	.N.E. DATEMAY 16'60 Circlus S. Ha	inus.				

CORPONEDICAL EXAMINERS CERMINERS OF DELTH Publishers History DEL ANNE SALEM LALE. San Live of the late of the Section prince and the second s The state of the s  DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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Onthur S. Kraus

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	0033	CERTIFICA	AIE OF DE	АІП		,,,	0000
	ontgomery	MARYLAND	a. STATE	NCE (Where decease aryland	b. COUNTY	Monts	gomery
RURAL and give ne	f autside carporote limits, write arest town) hesda	e c. LENGTH OF STAY IN 1b	1	WN (If outside corpo	orote limits, write R	URAL ond give	nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give street  4 Nead Street		d. STREET ADD	RESS 804 Mead	Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle MAE	MILLE	4. DATE OF DEATH	MAY	th /	Pay Year 9 196
FEMALE		ARRIED NEVER MARRIED DWED MORCED DIVORCED	8. DATE OF BIRTH	1877 1887	9. AGE (In years last birthday) 83 yrs.	Manths 30	
during most of work House	ON (Give kind of work done ling life, even if retired)  Sewife	0b. KIND OF BUSINESS OR IND	New	York	country)	12. CITIZEN	US
15. WAS DECEASED EVE	iel Dority R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	14. MOTHER'S M	Unknowt	l Add	ress	
No	(If yes, give wor or dates of service)	None W	ard Mill	er, Jr.	-son-sa	me as	2d
gove rise to in couse (o), stoting lying couse last.	the under- CC (c)	ARTERIOSCA		_	Diseas	32	YEAR S
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		DESCRIBE HOW INJURY OCCURI					PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	Wh		PLACE OF INJURY (Ho factory, street, affice b		y or town)	(Cour	nty) (Sto
	at (1) (this haspital) attended alive an MAY	ended the deceased from 8 1960, and that	death accurred	at 2.3M, fram	STAFF		that (1) ( <del>we)</del> loate stated above 22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type)		De LAWTER /	22d. ADDRESS V.D. 802	5 ABER			hesda, M
REMOVAL (Specify) Bur-Trans:		Ilion Ceme	tery	The second second		York	
24. FUNERAL DIRECTOR' Robert A.	'S SIGNATURE	Bethesda, Mar	awl and	5a. REC'D BY REGIS	TRAR 2Sb. REGI	STRAR'S SIGNA	

rs after death. Page 4 directar may be restained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled, the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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	men and busiyes	boort A. Pumphreys setnerde, D.

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)		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in by the tuneral director,	page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	1	V
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	may be retained by the haspital ar attending physician.	SAL DI	shauld	the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 pours after death.	
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	PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (W a. STATE District	4.	. COUNTY	n: Residence bel	Geo.
	b. CITY OR TOWN (If autside carporate limit RURAL and give negrest tawn)  Bethesda (Rural)		IGTH OF STAY IN 16	c. CITY OR TOWN (IF		nits, write RL	JRAL and give n	earest town)
	d. NAME OF HOSPITAL (If nat in haspital, gi OR INSTITUTION	ive street address		d. STREET ADDRESS		- 44		e. IS RESIDENCE ON A FARM? YES NO
_	U. S. Naval Hospital			5500 Park		S.E.		I IES [] NO (
3.	NAME OF First DECEASED (Type or print) W111		Middle Jacob	MILLER	4. DATE OF DEATH	May		9 Year 19 60
		7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH 10-3-83	9. AG	E (In years birthday) yrs.	Manths Days	AR IF UNDER 24 HR Hours Min.
10	. USUAL OCCUPATION (Give kind of work d	dane 10b. KIND C	OF BUSINESS OR INDU				12. CITIZEN C	OF WHAT COUNTR'
	officer  Officer		. Marine Co	rps Illii	nois		U.S	.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN				
	Ludwig MILLER			Susannah Bo	OOSE			
	WAS DECEASED EVER IN U. S. ARMED FORG is, no, or unknown] (If yes, give wor or dotes of se 1907-1938, &	578-	50-9000 (S	offormant ) Mrs. Kather	rine Simo	Addr as, Bo		augatuck, Michigan
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  (c)	Adend	ocarcinoma,	colon, with			101	TERVAL BETWEEN NSET AND DEATH 6 mos
4	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRI	OTING TO DEATH BUT	NOT KELATED TO THE TERM	INAL DISEASE CON	DITION GIV	EN HA PAKT I(G)	PERFORMED?
CATION								YES 🔼 NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II of	item 1B.)		YES 🔼 NO [
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yea Haur a. m. p. m.  19	or 20d. INJURY (	OCCURRED 20e. PL	D. (Enter nature af injury in ACE OF INJURY (Hame, far ctary, street, affice bldg., et	m, 20f. (City or to		(Caunty	
CERTIFI	20c. TIME OF INJURY Month, Day, Year Haur a.m. p. m.  19  21. I certify that (I) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	or 20d. INJURY ( While N at wark at	OCCURRED 20e. PL at white face wark edeceased fram	ACE OF INJURY (Hame, far ctary, street, affice bldg., et	m, 20f. (City or to	vn)	, 19_60,	y) (Stat that (I) ( <b>*</b> e) la te stated above
CERTIFI	20c. TIME OF INJURY Month, Day, Year Hour a.m., p. m. 19	or 20d. INJURY ( While N at wark at	occurred 20e. PL for york or while 20e. PL for york 20e.	ACE OF INJURY (Hame, far, ctary, street, affice bldg., et	20f. (City or to	vn) 25 causes an	, 19_60,	y) (Stat
CERTIFI	20c. TIME OF INJURY Month, Day, Year Haur a.m. p. m.  19  21. I certify that (I) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	or 20d. INJURY ( While Not work of the other) attended the control of the control	occurred at white face wark less and that deceased from and that deceased from a second from a secon	May 9	20f. (City or to	vn)  25 causes an	, 19 <u>.60</u> , d an the da	that (I) (**e) la te stated above 22b. DATE SIGNE 5-26-60

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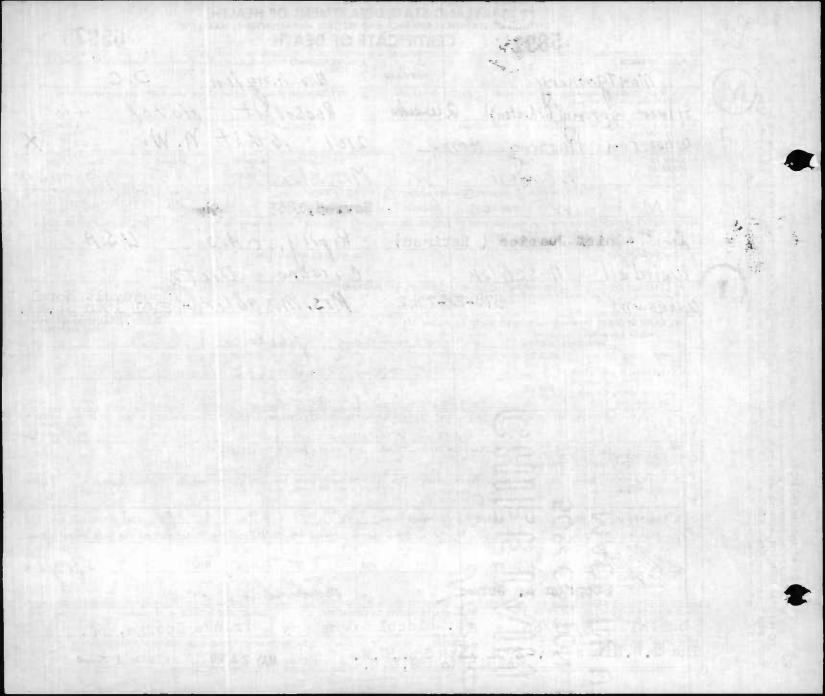
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Hotel St.NW

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,	0034
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. COUNTY 6. COUNTY 7. STATE 6. COUNTY
100	Montgomery Maryland 6. STATE Washing ten b. COUNTY D. C
VI)	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Silver spring(wheeten) 2 weeks \$60Sel21+ Hotel 41X-0
KOA	d. NAME OF HOSPITAL (If not inhospital, give street address)  OR INSTITUTION  d. STREET ADDRESS ON A FARM2
70	wheer ton Mursing Home 2101 14Th AT. 11. W. YES NOT
	3. NAME OF DECEASED
Bra	(Type or print) WENGELL W. MISCHIER DEATH 5 19 196
	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  NOV. 5, 1865  9. AGE (In years lost birthday)  WIDOWED DIVORCED Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
	Levy - Chief Justice (Retired) Ripley OHIO U.S. A.
	13. FATHER'S NAME
	Wendell Mischler Carolina Dietz
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT.  (Yes, no. or unknown) (If yes, give war or dotes of service) C78 21. 701. 2
	anknown 510-24-1042 113, 111,8 Culer 6 2101 16th St. N.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  Wash. Dinterval between ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  My verificated farthere
	420 DUE TO
	Conditions, if any, which) (b) Coronary artenoselinose
	gave rise to immediate cause (a), stating the <u>under-</u>
	I lying cause last. ) (c) JENNIARY A CAPTURE CLUBER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPS
-	PEDEODMEDS
U	Torucho piccurrena YES NO [200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
H	GOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While Not while of work at work
	p. m. 19 at work at work
	21. I certify that (I) (this haspital) attended the deceased from 1257. 1. 1959. ta 5/19/ 1960, that (I) (we) la
	saw the deceased alive an 3/19/1960, and that death occurred at 600 M. Fram the causes and on the date stated above
	220. SIGNATURE 22b. DATE SIGNE SIGNED. STAFF SIGNE
-71	22c. PHYSICIAN'S 22d. ADDRESS 274
	NAME (Type) Stephen N. Jones Rocharlle, Ind.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	burial 5/21/60  Ft. Lincoln Cemetery Prince George, Md.
A	24 FUNERAL DIRECTOR'S SIGNATURE THE S.H. Hines Co2901 14th St. N.W. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
3	Washington 9. D. C. DATE MAY 23'60 arily S. Kinus

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W 10	tems 18&21 Film 264 MARYLAND STATE DEP.	ARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 30	OI W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
HEALTH DEDT	Item 2d. Film 6-265 6/20/60 cac	115076
NEALIN DEPT.	1. PLACE OF DEATH e. COUNTY	. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)  e. STATE  b. COUNTY
Tage Sar	Montgomery MARYLAND	Maryland P.G.
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
		Hyattsville 16X-2
	Bethesda (Rural) 6 days d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS Way   e. IS RESIDENCE
funeral funeral funed for sined for state Bo	II C Naval Magnital	1402 langley by the
any de fun el fu	U. S. Naval Hospital  3. NAME OF DECEASED Middle	Lest 4. DATE Month Dey Year
h. If any to the fr to the fr the St ter dea	[ Vpn or print]	MONAGHAN OF DEATH May 27 19 60
the take the		ATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
dea nd 3 mey wit	Male Caucasian WIDOWED DIVORCED	10-7-08   last birthdey)   Months   Deys   Hours   Min.
fiter des 2, and 5 mey nd 2 wi hours		11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1 and 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	done during most of working life, even if retired)	
Po Se Se A		Pennsylvania U.S.A.
PM3.		
/ithin form form File	Alired MONAGHAN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFO	Mary Emma PYLE ORMANT Address
· · · · · · · · · · · · · · · · · · ·	(Yes, no, or unkown)   (Ifyesgivewerordetesofservice)	
ted wij tem 18. with fo permit.	Yes WWII 243-44-2723 Ho	ospital Records
- 5 ± .5	BART I DEATH WAS CALISED BY	ONSET AND DEATH
alor frans	IMMEDIATE CAUSE (e) Coronary insuffici	iency & arterial fibrillation
4000-	DUE TO	
	Conditions, if any, which (b) & heart block - I	Myocardial ischemia - Pulm. cong.
	(e), steting the underlying DUE TO	
8 5 5 7 0	cause lest. (c) Rupture of urinary	
Exa us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
This certific word "pel dical Examuld be used cremation,"	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 1206. DESCRIBE HOW INJURY OCCURED. (Enfor	YES X NO •
0 6 0	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter PRIMARY   or CONTRIBUTING	nature of injury In Pert I or Pert II of ilem 18.)
fing the side of t	was driver of car	which struck rear of other car
EXAMINER: ste, writing the the Chief Mc R: Page 3 sho	While Not While fectory,	OF INJURY (Home, ferm, 20f. (City or town) (County) (State) street, office bldg., etc.) 1/10 mile north Kenilworth
X 94 . 0	2:10 xx May 21 1960 et work det work x Stree	street, office bldg., etc.) 1/10 mile north Kenilworth t-Balt Wash Expressway, Exchange Mo
3000	21. I certify that I took charge of the remains described above, held a	an Autopsy X, Inspection , Inquiry , and in my opinion
MEDICAL e the certific forwarded to DIRECT the agent,	death resulted from: Natural causes , Accident , Suicide	, Homicide , Undetermined manner
MEDIC te the ce forwards L DIRE	1 1	CHIEF MEDICAL EXAMINER
The Dor	SIGNATURE Thank of Broschart	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Sua Sua	PVEMINIPD'S	DEPUTY MEDICAL EXAMINER X 5-27-60
POZZ ME execute the uid be forw NEBAL Di designated	NAME (Type) Frank J. BROSCHART, M.D.	Address (Street, city, town, or county)
DEPCTI M. lease execute I should be for FUNERAL I	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRE	EMATORY 22d. LOCATION (City, town, or country) (Stete)
0 0400	Burial   6-1-60   Arlington Na	
VS. A15ME	FUNERAL DIRECTOR & Sumpley ADDRESS However	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
5M 7/S9		Md. DATE JUN 1 '60 arthur & Kraus

.0.1 Compagnet P.O. Bethouda (Runda) o days in Hystetsville I. S. Mayal Hospital Law Langley Detre MANDAMON CLOSER COLESCO Male Oscaralen event assemble 10-7-06 Dininer U. S. Nuvy Pennsylvanis U.S.A. ELT BUR TILL Yes Wall E 249-W-279 Hospital Reserve respondent of the standard and the care of care care

110 x. ww at 61 to 12 x street-Ealt. walk Elplehend. San the North

Trank J. BKOSCHARL, N.D.

H.A. Pandarey Bundres Home, Betheads, M. . . Mar. . at Lower Mar. H.

# MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIEICATE OF DEATH

	61136		CLIVIII	-CA	E OI DEATH						
o. COUNTY Montgomery	~~~		MARY	LAND	2. USUAL RESIDENCE (Who STATE VIRGINIA	ere decease	d lived. If institutio		ice before	admissi	ion)
RURAL ond give ne	outside corporote limit arest town) Rural)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or Arlington	utside corpo	prote limits, write RU	RAL ond	give near	est town	3
OR INSTITUTION	AL (If not in hospitol, g	ive street	oddress)		d. STREET ADDRESS 4210 Lee H	ighway	7		e		DENCE FARM? NO 1
NAME OF DECEASED (Type or print)	Fire Kenr		Middle <b>Dona</b> J	Ld	Last MORGAN	4. DATE OF DEATH	Mont Ma		Doy 26		Year 19 60
SEX Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	100	5-19-60		9. AGE (In years lost birthdoy) yrs.	Months	Days	Hours	R 24 HRS Min.
Da. USUAL OCCUPATIO during most of worki None	N (Give kind of work on the life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (Stote		ountry)		J.S.A		OUNTRY?
Donald C.	MORGAN		The Lite		14. MOTHER'S MAIDEN N		HER				
	IN U. S. ARMED FOR If yes, give war ar dates of st		SOCIAL SECURITY NO None		ormant Ospital Record	ls	Addr	ess			
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		he for (o), (b), and (c).	ng	z pnen	mox	119			YAND	
Conditions, if on gove rise to in	mediate		ant	10	probable	se	pticen	nia	2	24	hrs
lying couse lost.	(c)		CONTRIBUTING TO DE	ATLI BLIT I	NOT RELATED TO THE TERMAN	NIAL DICEAC	E CONDITION CIVI	EN IN PAG	PT 1/0\ 19	WAS	ALITOPSY
	Frew	ia 4	unity.		Who 34	0	07.			PERFO	RMED?
(IF EITHER, NOTIFY	CAUSE OF DEATH				114 1444						
Hour o. m.	/ Month, Doy, Yes	While of wor			CE OF INJURY (Home, farm, ory, street, office bldg., etc.		y or town)		County)		(Stote)
	(I) this booted ed olive an Maj		ded the deceased		10:15	60 , .to _ .M, fram	May 26 the causes and	19_6 d an th			(e) last
	0/1	11			1						

22b. DATE 22o. SIGNATURE SIGNED ATTENDING PHYS. STAFF PHYS. 5-26-60 MED.

22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS

U. S. Naval Hospital, Bethesda, Md.

AVERY, LT, MC, USN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)

Elmwood Cemetery

Lorraine Ohio 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

(Stote)

05977

Funeral Home, Bethesda, Md. DATEIUN 160 arthur & Krous

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INVIDENCE TO THE PROPERTY OF THE PARTY IN STREET

	MARYLAND STATE DEPARTME	NI OF HEALIH-BAL	IIMORE, 18	05978
	5947 CERTIFICA	TE OF DEATH	Rog. Dist	
1. [		2. USUAL RESIDENCE (Where decease o. STATE)		
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OF TOWN (II fourside corpo	prate limits, write RURAL and give	re nedrest town)
	I. NAMÉ OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	240 N. Wash	ington Si	•. IS RESIDENCE ON A FARM? YES NO
	IAME OF PECEASED (Pige or print) Charles Raymond	MOTEN 4. DATE OF DEATH		Day Year 1960
5. 5	Male NEgro WIDOWED DIVORCED C	DATE OF BIRTH  Ct. 7, 1896	last birthday) Manths C	YEAR IF UNDER 24 HRS. Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Va.	country) 12. CITIZ	EN OF WHAT COUNTRY?
13.	John D. Moter	14. MOTHERIS MAIDEN NAME  JULIA E	. Nelso	27
15. (Yes		Ulia E. NEL	ON Moter	240 N. Washington
CERTIFICATION	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	A C I I SOMO	INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  (a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING ACCOUNTED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC			unty) (State)
MEDICAL		ry, street, affice bldg., etc.)		
	21. I certify that I attended the deceased from 4  alive an 5 1, 7 19 0 , and that death of the signature of		m the causes and an the street, city or town, stote)	ist saw the deceased a date stated abave.  DATE SIGNED  Loi//E B-18-
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CEMETERY OF A PLING TON N		TION (City, town, or county)	(State)

TO HOS VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Rockville, Md.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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			No. of the last of
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			<b>拉克斯森斯特拉斯</b>
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			over an Educate From Vites 2017
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OSP be refu	NERAL DIS	e 3 should	State Board
HOSP refa	FUNERAL DIS	age 3 should	e State Board
O HOSP	D FUNERAL DIS	page 3 shauld	the State Board
TO HOSP may be refa	TO FUNERAL DIS	page 3 should	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death,
TO HOSP	TO FUNERAL DIE	page 3 shauld	the State Board
TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Regimed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille	bage 3 shauld	the State Board

1	1. PLACE OF DEATH  g. COUNTY (2. USUAL RESIDENCE (Where of STATE )	
1	a. COUNTY MARYLAND O. STATE / 12 mil	NAME  Teffers.  Address  Address  INTERVAL BETWEEN ONSET AND DEATH  Weeken  Sweeks  Weeken  Store  Weeken  Weeken
T		e corporate limits, write RURAL and give nearest town)
+	Takoma Fark it days XClarkel	11 10 6
-	d. NAME OF HOSPITAL (If nat in haspital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
	Washing In Saniarium Hospy Route	
F		
ı	DECEASED	OF ,
ł	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH	1721 14 1700
١	T	lost birthday) Manths Doys Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fo	
I	during most of working life, even if refired)	reign country)
-	HOUSEWIJE - MASHUS	nd. U.S. a.
	13. FATHER'S NAME	T 00
ŀ	Charles Eurp Lols	Jetters.
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, for yeknown)  (If yes, give war or dates of service)	Address
Ļ	None Hospital	Records.
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) BONCHIN THE ULMONI	ONSET AND DEATH
ı	33/X DUE TO	1 Weekone
I	Conditions, if ony, which) (b) Cerebral Vascular Accid	font 5 Works
	gove rise to immediate couse (a), stating the under-	Hnumber of
ı	lying couse lost.	yeors
l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	13 Disbetes Mellitus and Enlarged Heart	PERFORMED?
	200 ACCIDENT WAS UNDERLYING TO 200 DESCRIPTION INTURY OCCURRED TO 1	
1	OR CONTRIBUTING CAUSE OF DEATH  U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ı	3 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20	Of. (City or town) (County) (State)
۱	Hour a.m.  While Not while factory, street, office bldg., etc.)	(555)
		- 111 10
ı	saw the deceased alive an	
1	ATTENDING MED	STAFF STAFF
ı	22c. PHYSICIAN'S 22d. ADDRESS	OR   PHYS.   3-74-603/14/
I	NAME (Type)	0 1 -1
ŀ	1 JUSTI W. NEISON MASKING!	on Janiahirma leibila
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Sa. REC'D BY	REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey Bethesda, Maryland DATE MAY 1	7'60 arthur S. Krous

THE STATE OF maring the street described discrete seems to the total and action of the company to the contract of the c XATANERE .. Distole

0 VS A15 (4)

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05980

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Year

IF UNDER 1 YEAR IF UNDER 24 HRS. Months

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

WICS

1960

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO NO

(County)

(Stote)

60 that I last saw the deceased AM, from the couses and on the date stated above.

DATE SIGNED

22d. LOCATION (City, town, or county)

(Stote)

FUNERAL DIRECTOR'S SIGNATURE ADDRESS

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATEMAY 1 6 '60

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N X	)	1.	PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
2	/		Manyanary MARYLAND	Maryland Monto.
pe t			b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. CITY OF TOWN (If autside corporate limits, write RURAL and give nearest town)
P -			Makoma Park 4 days	15 Kensing Xon
shat	MIE	-	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS)  e. IS RESIDENCE ON A FARM?
ond 2 shau	0/0	U	Vashington Sanitarin & Hespital	4107 Warner SX. YES NO
0			NAME OF A First Middle	Last 4. DATE Manth Day Year
Poges 1 r death.			OFCEASED (Type or print) TYON COS	Muscake 10 DEATH 5 /6 1960
Pog		S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   last birthday)   Months   Days   Haurs   Min.
		1	Famala white WIDOWED DIVORCED	8-15-38 80 79 38 25 yrs. Manths Days Haurs Min.
corbon popers.		-	la. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUduring most of warking life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hou			Housewice, own home	(Kalu Colombaciisa
rbor 72		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
thin t	-		Losaph Scar &o	Frances ?
NOV	-		. WAS DECEASED EVER IN U. S. ARMED EDRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
e s		1 "	(es, no, or unknown) (If yes, give war or dates of service) NONE	ospixol Records
leose ony e		F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
in o			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive hea	ONSET AND DEATH
rher			DUE TO	
÷ = =			Canditions, if any, which ) The Asia Silver	tic heart disease
permit			gave rise to immediate	
			lying cause last.	
the buriol-tronsit		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ol-tr	2	CATION	Bleeding Grateic Illege	YES NO [
emo		TER	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Part II of item 18.)
he ,		CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
os		SAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
use to b		MEDI	Haur a. m.  p. m.  None 19  While Nat while at wark at wark	factory, street, affice bldg., etc.)
for		-	21. I certify that (I) (this haspital) attended the deceased fram	4/30/60/19 to 5/16 1960, that (1) (we) last
h P				death accurred of a.M. from the causes and an the date stated above.
detached Health p			saw the deceased alive an	22b. DATE
		6	Han / S / Sunteam	M.D. PHYS. DIRECTOR PHYS.
	/		22c, PHXSICIAN'S	22d. ADDRESS
should Boord			MAME (Type) B. UMHAU	8805 CONN. AVE CH. CH. NAS.
0 0		23	3g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
poge the St			REMOVAL (Specify) BURIAL 5/18/60 ROCK CREEK C	EMETERY WASHINGTON, D.C.
		24	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(4)		1	WARNER E. PIMPHREY INCA SILVER SPR	ING, MD. DATEMAY 17'60 Outling S. Thomas

TOTAL TARREST ALES AND THE WAY AND AND THE PARTY OF THE PARTY O SECTION THE STATES. THE SECTION OF SECTION SECTIONS. AND NAMED IN COLUMN 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05982

e. IS RESIDENCE

29

Days

U.S.A.

(County)

ON A FARM?

YES NO Z

19

Min.

Hours

ONSET AND DAATH

PERFORMED? YES NO

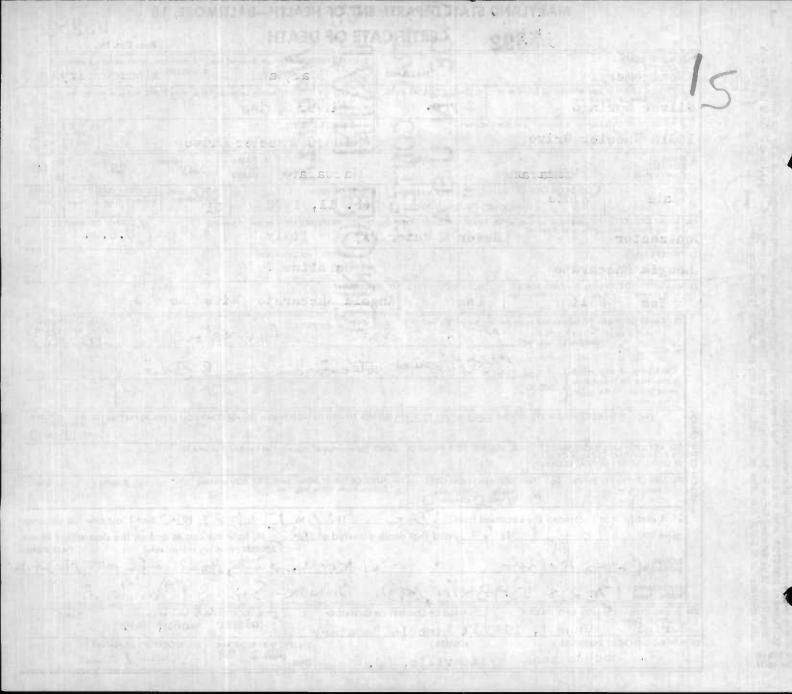
(Stote)

DATE SIGNED

(State)

ofter death. executed within

15M 10/57



# MARYLAND STATE DEPARTMENT OF HEALTH

THE PARTY NAMED IN COLUMN TWO	PAIN SIVIE A	EPARIMENT OF HEALTH	
		301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
6038MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	05983

IEALIH DEPI.		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions	Residence before admission)
Page les.	1	MINTERMAN MARYLAND	a. STATE b. COUNTY	15
. Pag files.	-	CITY OR TOWN (if outside control limits,   c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL e	nd give pearest town)
	<i>j</i> .	write RUPAL and give nearest town)	1// A A	ile give hearest town)
d your of		Olney DOA	Theren Shrew	777767183
A Popular	a ·	NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
dela dela		may of you was	515 Ball 6 B	YES NO
fun inner tath ath	3.	NAME OF First Middle	, Last   4. DATE   Month	Dey Year
de Se		Type or print)	A OF DEATH	
te the		10/WL Ileroton	IVICK 11kg	20 1960
A Little	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years last birthday)  Months	
ma ma 2 v 2 v		MARRIA WIDOWED DIVORCED	3-13-1014 St yrs. 2.	Days Hours Min.
hd 5,2 fte		USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (State or foreign country)   12. CI	ITIZEN OF WHAT COUNTRY?
1 s 1, 1 s 1, 72	do	e during most of working life, avan if retired)	1.	101
00 0 . S . S	10	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1.5.6
MA3 MA3	19.	TATTICK S NAME	14. MOTHER'S MAIDEN NAME	
Per Per 2	/	Jim Mech	alere newton	
F. F. S.		WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17, II., of unknown)   (Ifyesgivawarordatesofservice)	INFORMANT Address	
¥1.18 ×	(10	, iie, d unkowii) (ii yesgiva waror dalesoiservice)	les Mich lund 1 Al.	7-
wii wii an	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	me vici (wye) orce	I INTERVAL BETWEEN
in list		PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
cil		IMMEDIATE CAUSE (a) Comary o	eclivion	Buddy
be series		DUE TO		
our in O		Conditions, if any, which (b)		
sha sha		geve rise to immediate cause		
ner		(a), stating the underlying couse lest.		
per ami	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 1 19. WAS AUTOPSY
Ex Ex	일			PERFORMED?
d L	5			YES NO
T edilo	CERTIFICATION	PRIMARY   or CONTRIBUTING	Entar natura of injury In Part I or Pert II of item 1B.)	
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田		CAUSE OF DEATH.		
Niji je po	3	6-1	(CE OF INJURY (Home, farm, '20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Stata)
Pos v	MEDICAL	Hour a.m. While Not While fact	ory, streat, office brug., etc.,	
S S S S S S S S S S S S S S S S S S S		21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection . Inquiry .	and in my opinion
2500			The state of the s	_
E Gent		death resulted from: Natural causes . Accident . Suici		
Na N		0-100	CHIEF MEDICAL EXAMINER	
T to det		SIGNATURE TOURS ( ) MAChart		DATE SIGNED
A DO CO		EXAMINER'S (7 2 411) T PLACE	DEPUTY MEDICAL EXAMINER	0-60
S E E		NAME (Typa) Thank I Broscha	Address (Streat, city, town, or county)	0-60
DEFE should FUNE its des	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	R CREMATORY 22d. LOCATION (City, town, or country	ry) (State)
0 9 4 0 9 1 9 12 14 12		BURIAL Specify MAY 24,1960 ARLINGTON,	NATICEMI ARLINGTON.	VIRGINIA
й й	23.	FUMERAL DIRECTOR ADDRESS Wash	248. REC'D BY REGISTRAR   24b. REGISTRAR'S	SIGNATURE
VS. A15ME 5M 7/59	1	Partin W. Hunanol as 1300-	N. St. Ny. 6 AMAY 23'60 arily 8.	House
on 1/37			1000 MAI 23 00   Cuttury 2.	/ VVessore

BURIAL MAY 24, 1960 ARLINGTON NATICEH ARRINGTON, VINCTUIA

and the same of th

Charles Lancelle

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05001

	6039		CERTIF	FICA	TE OF DEATH			Reg. D		404	
PLACE OF DEATH a. COUNTY Montgomes	cy		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceosed	b. COUNTY	an: Reside			ian)
b. CITY OR TOWN (II RURAL and give ne Bethesda	Fautside corporate limit arest town)	s, write	c. LENGTH OF STAY IS	N 1b	c. city or town (if o	utside carpo					1)
d. NAME OF HOSPIT, OR INSTITUTION	AL (If not in hospital, gical Center		oddress)	Md.	d. STREET ADDRESS	tnut S	Street				IDENCE FARM?
NAME OF DECEASED (Type or print)	Fire		Middle Lucill	0	Last Nifong	4. DATE OF DEATH	Man		Do	,	Yeor 19 60
. sex	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED		DATE OF BIRTH February 16.	1915	9. AGE (In years lost birthday)	4	R 1 YEAR Doys	-	ER 24 HRS. Min.
Oa. USUAL OCCUPATIO during mast af work	N (Give kind af work ding life, even if retired)	one 10b.	Lat.	INDUS	TRY 11. BIRTHPLACE (Stote	ar fareign co	4	12. CI1	U.S		OUNTRY?
John Crov					Mary Chess	er					
5. WAS DECEASED EVER Yes, no. or unknown) (	R IN U. S. ARMED FORG If yes, give war or dates of se	rvice)			he Clinical				, M	aryla	and
Canditians, if or gave rise ta in cause (a), stating t	the <u>under-</u> DUE TO	Co Ma	ngestive Re lignant Mel	anor	ratory failur ma, Metastati	С			5	9 4 4	rs
	er significant cont iabetes mel			<u>TH</u> BUT I	NOT RELATED TO THE TERMII	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS PERFO YES 🔀	RMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in P	art I or Port	II of item 1B.)		113		
Hour o.m.	Y Manth, Day, Yea	r 20d. II While at war	Nat while		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.		or tawn)		Caunty)		(Stote)
alive an	ot I attended the May 11  Way 1.  William 0.	19	60, and that o	death	accurred at11:30P  The Clini  National  Bethesda	M, from ADDRESS (SHOCAL CE	the causes an reet, city or town, enter	d an th	e date	stated	
PEROYAL (Specify)	5-14-6		22c. NAME OF CEMET	-			TON (City, town,		intv	(State	e) d •

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directal, and to funeral directal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directal, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the reaistrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

23. ENGLERA DIRECTOR'S SIGNATURE ROBERT A RUMP TEY Bethesda Maryland 24a. REC'D BY REGISTRAR

Civilian S. House DATE MAY 1 3 '60

24b. REGISTRAR'S SIGNATURE

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			Mariana A stadion

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATLE

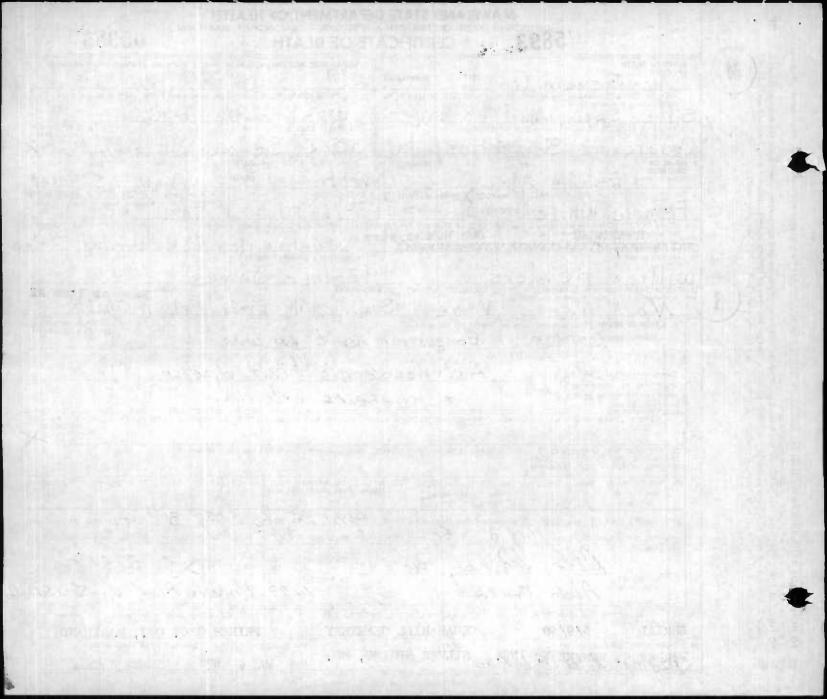
05985

)		1. PLACE OF DEATH 2. USUAL RESIDE	
1	,	MONTGOMERY COUNTY MARYLAND OC	Washing has DC
	ı	b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b c. CITY OR TO	OWN (If outside corporate limits, write RURAL and give nearest town)
10	6	Territoria de la constantida del constantida de la constantida del constantida de la constantida de la constantida de la constantida del constantida d	privator A.C. 47X-
X		d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET AD	
-	D. COUNTY  D. CITY OR TOWN (If ourside corporate limits, write CLENGTH OF STAY IN 16  LURIAL and give secretal bown)  D. COUNTY  D. CITY OR TOWN (If ourside corporate limits, write RURAL and give necess frown)  D. COUNTY  D. COUNTY		
	De COUNTY  B. COUNTY		
			A de la constant de l
٦	5. 5	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH	
П		Temale White WIDOWED   DIVORCED   7-16-	
	10a	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC	MARYLAND B. STATE  INITION TO COUNTY OF TOWN (If outside corporate limits, write RURAL and give nearest town)  IN LAW ALC  IN STATE  ALC  IN SECION OF STAY IN 16  IN STATE  ALC  IN SECION OF TOWN (If outside corporate limits, write RURAL and give nearest town)  IN LAW ALC  IN STATE  IN A COLOR OR RACE 17. MARRIED (IN STAY IN 16)  IN OF STAY  IN IN OUT STAY  IN IN
	足	Distriction of the state of the	shington D.C. United States
	13.		MAIDEN NAME
1250	13	JON HENDERSON Esthe	or DONES
	15.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
	7	No No No No No Daughter -/	Mrs Evelun Bell & Chart
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	
			Leilure
			1,
		(Canditians, if ony, which) Arterioscleratic	heart disease
		gove rise to immediate	L J.
			arceritis.
	NO	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	
	CATI	CAT	
	RTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of in	injury in Port I or Port II of item 1B.)
П			
	ICAI	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (He	
	MED	While Not while of work of work	orag., erc.)
		21 I certify that (1) (this hasnital) attended the deceased from Physis	26 10 60 to May 3rd 10 60 that (1) (wal last
	H		3 21, 14
			MED. STAFF
		22c. PHYSICIAN'S 22d. ADDRESS	S
Н		NAME (Type) Aldo Vacca	429 Univers. Blud, W. Silv.Spr. 1
	23a	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, ar county) (State)
1		REMOVAL (Specify)	MARYLAND  OWN I(I Dutide copporole limits, write   C. ENGTH OF STAY IN 16   C. CITY OR TOWN I(I Dutide copporole limits, write RURAL and give necessal form)  A give necessal bown)  A give necessal form)  A give necessal form necessal form)  A give nece
	24.	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2	C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Address)  d. STREET ADDRESS  d. STREET
	1	WARNER E. PUMPHREY INC. SILVER SPRING, MD.	DATE MAY 6 '60 College & House

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours offer death. rs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 TO HOSP

VR A1S (4) 1SM 9/S9

M



VS A15 (4) 1SM 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6040	CERTIFICATE	OF	DEATH	R

# CERTIFICATE OF DEATH

05986

		U	1.50	CERI	IFICA	ATE OF DEAT	П		Reg. D	ist. No	),	
	PLACE OF DEATH o. COUNTY Montgome			MAI	RYLAND	2. USUAL RESIDENCE (Mo. STATE Maryland	Vhere decease	b. COUNTY		nce befo	ore odmi:	ssian)
	b. CITY OR TOWN RURAL and give r	(If outside carporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	autside carpo	orate limits, write l	RURAL and	give ne	arest tow	n)
	Bethesda			121 day	ys	Elkton				07	7 X -	2
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital,	give street	address)		d. STREET ADDRESS						SIDENCE
	The Clir	ical Center	r, Be	thesda 14	Md.	R. D. #2						NO D
3.	NAME OF DECEASED	Fi		Midd	le	Lost	4. DATE OF	Mo	nth	D	ру	Year
-	(Type ar print)		ell	Mar:	-	Olah	DEATH	M	ay		19	1960
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARI	RIED 🔲	8. DATE OF BIRTH		9. AGE (In years last birthday)				ER 24 HRS.
	Female	White	WIDOW	ED DIVORC	ED 🔲	January 10.	1916	)   ) yrs.	Months	Days	Haurs	Min.
100	USUAL OCCUPATI	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (State	e ar fareign o	country)	12. CI	TIZEN C	OF WHA	T COUNTR'
	Housewif		")	None		Pennsyl	พอกร่อ			TT	S. A	
13.	FATHER'S NAME			110110		14. MOTHER'S MAIDEN				0.	1) o. 2	1.0
	John Jac	kowski				Constanc		neum)				
	WAS DECEASED EVI	ED IN II S ADMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT The Med	dicel :	Record Add	ress			
	No	(If yes, give war or dates of	In	4-16-468	The T	The Clinical	Cente	r Bethe	rde 7	1. 70	[awe]	band
		ATH [Enter anly one co	ouse per li	ne for (o), (b), and (c	1.1	the orthical	Centre	De one.	aud J			ETWEEN
		ATH WAS CAUSED BY:	(	Cardiac ar							SET AND	DEATH
	204	IMMEDIATE CAUSE (c	)	702 0200 02							5 ml	nutes
	or U.T.	DUE TO		'anna at i mã	Hoom	t Failureia				170		
	Canditions, if a		)	onsepriva	ruear.	regarrange				T	) hor	urs
	cause (a), stating											
~~	lying cause last.	, ) (c	-			us Leukemia				5	mon	
CERTIFICATION			IDITIONS C	CONTRIBUTING TO D	EATH BUT I	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 1	PERFO	AUTOPSY DRMED?
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	). (Enter noture of injury in	Part I ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJUI Havr a. m. p. m.	RY Month, Day, Ye	ar 20d. It While at war	NJURY OCCURRED Not white	20e. PLA fact	CE OF INJURY (Hame, far lary, street, affice bldg., et	m, 20f. (Cit)	or tawn)	(	County)		(Stote)
	21. I certify th	nat I attended the	deceas	ed from Janu	arv	19 , 19 60 , to 1	May 19	10 60	) that I	laste	w the	clacease
		May 19	196	and the	t death	occurred at 6:55	A M Gran	n the course		h = J =	A4-4	-1-1-
				,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	occorred dr. 9.4.2.2		treet, city or town,		ne da		ATE SIGNE
	ACTUAL SIGNATURE	Charles	5	MA con	1	o The Clinic			11010,		19/6	
	SIGNATURE			A L COLD	N. L.N						7777	20
	PHYSICIAN'S NAME (Type)	Charles E.	Meng	el, M.D.		National :				1		
	BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEA			22d. LOCA	TION (City, town,	or county)	/d.	(Sto	te)
23.	FUNERAL DIRECTOR		20	ADDRESS				RAR 24b. REGI			RE	
P.	IPPTN FII	NERAL HOM	E //	016 Do	A ET	Iston Mac M	MAY 25 1	60 a	ribur &	? The	MA	

PIPPIN FUNERAL HOME Long Man Deg Elkton, Machay

area Districting Dept. Character 

# FOR STATE

please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File ages 1 and 2 with the State Board of Flockito, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. DEPOIT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary,

1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6047 MEDICAL	L EXAMINER'S	CERTIFICA	TE OF DEATH	1 ()	0301
1. PLACE OF DEATH o. COUNTY			NCE (Where deceased lived,		lence before edmission
Montgomery	MARYLAND	Maryland	ь. со	Baltimor	re
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, w	rite RURAL and giv	ve nearest town)
write RURAL end give neerest town) Bethesda (Rural)	DOA	Long Gree	n	0.	3 X-2_
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street eddress)	d. STREET ADDRES	S		e. IS RESIDENCE
U. S. Naval Hospital		Drop Anch	or		YES NO X
3. NAME OF First DECEASED	Middle	Lest	4. DATE Mo	nth De	Yeer Yeer
(Type or print) Howard	Thomas	ORVILLE	DEATH Ma	y 24	19 60
5. SEX 6. COLOR OR RACE 7. MARRIE	ED X NEVER MARRIED   8.	DATE OF BIRTH	9. AGE (In year last birthde)	1	
Male Caucasian WIDOWE	DIVORCED	6-16-01	58 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Ste	te or foreign country)	12. CITIZEN	OF WHAT COUNTRY
done during most of working life, even if retired)  Naval Officer  U	. S. Navy	Wyomi	ng	U.S.	Α.
13. FATHER'S NAME		14. MOTHER'S MAIDE	9		
William ORVILLE		Lucy WYANT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Addr	BSS	
Yes (Ifyesgivewerordetesofservice)	6-30-0958 Но	spital Reco	rds		
18. CAUSE OF DEATH [Enler only one cause per				11	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	conary Thrombos	is			Sudden
430	CHOL J LIL OMDOD	1.0			Dudde
DUE TO					
Conditions, if any, which geve rise to immediate cause					
(e), stating the underlying DUE TO				1000	
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE CONDITION C	SIVEN IN PART 1(e)	PERFORMED?
U DOL EVERNIAL CALIEF WAS LOOK DESCRI	AN GERMAN WELLING AND THE		and Ballette and		YES NO
20e. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ U CAUSE OF DEATH.	IBE HOW INJURY OCCURED. (Er	nter neture of injury in F	erf I or Perf II of item 18.)		
	INJURY OCCURRED   20e, PLAC	CE OF INTERPRETATION OF	1 206 (61)	(6)	(6)
20c. TIME OF INJURY Month, Dey, Year 20d. While Property of the Property of th		CE OF INJURY (Home, fa ry, street, office bldg., e		(County)	(State)
p.m. 19 et wor	rk et work				
21. I certify that I took charge of the ren	nains described above, hel	d an Autopsy X.	Inspection, Inqu	Jiry, an	nd in my opinion
death resulted from: Natural causes	, Accident , Suicid	de 🔲, Homicid	Undetermined	manner	
		CHIEF MEDICA	L EXAMINER		
SIGNATURE Tranh Or /2	esshurt	M.D. ASSISTANT M	EDICAL EXAMINER		DATE SIGNED
EXAMINER'S			AL EXAMINER X	5	-25-60
NAME (Type) Frank J. BROSCH	ART	Address (Street	, city, town, or county)	13/19/1	
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, to	vn, or country)	(State)
Burial 5-27-60	Arlington Nati	ional	Arlington	Vi	rginia
23. FUNERAL DIRECTOR	ADDRESS		EC'D BY REGISTRAR   246. RI		
Brooks Funeral Service, 622	York, Rd. Tows	0.00	127'60 Ga	inun S. King	A

VS. A15ME 5M 7/59

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Sec. 1	*			
RAINIGE	harvest		A common a	4
	menta and	104	<u> </u>	
	dones good		Ingigues, Level . B.	. U
	autwi	Daniel Company	Hevery	
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.AU	102-01	Ç	henling Lev	
	-ZWIZE Kon		- A 7.7.	IW -
	through their	215-30-0959   Bank	0991-2501	I
		SAME SAME		

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6042

### CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY MARYLAND Montg omery Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Germantown Bethesda hou rs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Middlebrook Trailer Court YES NO Suburban Hospital NAME OF First Middle 4. DATE Day Month Yeor DECEASED 19 60 (Type or print) DEATH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours emale white 2/8 WIDOWED [ DIVORCED | 21 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Speedwell. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georg e Blain Patton Laura L. Weeks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Germantown .Md. Owens Middlebrook Trailer Ct. Mr. H.R. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 16 hr IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 119. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy. 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) a. m. While Not while at work at work 21. I certify that I attended the deceased fram 1960that I last saw the deceased and that death accurred at 10: AM. Vam the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATEMAY

use ached DIRECTOR: shauld FUNERAL C page 0

VS A15 (4) 15M 9/5B

whose manual of the form of the state of the Base Marchael and Base At . H . L . L . L Barton Land the course of the control of the con

# FOR STATE HEALTH DEPT TO DEPUXT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

604 EDICAL EXAMINER'S CERTIFICATE OF DEATH

	6043EDICAL EXAMINER'S	CERTIFICA	E OF DEATH	65080		
	1. PLACE OF DEATH a. COUNTY		CE (Where deceased lived, If insti	tution: Residence bafore admission)		
	Montgomery MARYLAND	Maryland	b. COUNTY	Montgomossi		
A	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	the state of the s	Il outsida corporata limits, write RU	Montgomery RAL and give nearest town)		
/1	write RURAL and give nearest town) Olnev 3 days	X Manuaria				
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Monrov:	la	e. IS RESIDENCE		
1	3 Montgomery Co. General Hosp.	/		YES NO P		
	3. NAME OF First Middle DECEASED	Lasi	4. DATE Month	Day Yaar		
	(Type or print)	Parslev	OF DEATH	18 19 60		
		DATE OF BIRTH		JNDER 1 YEAR   IF UNDER 24 HRS.		
	Female White WIDOWED DIVORCED	9.13.1878	last birthday) Mc	onths Days Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	· O.L.	12. CITIZEN OF WHAT COUNTRY?		
	however	Maryland II S. A.		U.S.A.		
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN		0.D.A.		
	Thomas Parsley	Marv Ward				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address			
	NO	Hospital	Records	Olney, Md.		
	18. CAUSE OF DEATH [Enter only one cause per lina lor (a), (b), and (c).]					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myorardil infarct					
	903.0 DUE TO					
	conditions, if any, which caronary thrombosis sudden					
	gave rise to immediate cause (a), stating the underlying  DUE TO					
	causa last. (c) Fractures of left humerus and left knee. 2½ days					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED?		
	\[ \frac{1}{5} \]			YES NO		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CONTRIBUTION FLOOR AT DOTTED					
-	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Iarm, 20f. (City or town) (County) (State)  Hour are 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Iarm, 20f. (City or town) (County) (State)					
lang and	9:30 p.m. 5.15. 1960 at work at work Home Monrovia Montg. Md.					
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion					
	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner					
1	CHIEF MEDICAL EXAMINER					
L	SIGNATURE MANA SSISTANT MEDICAL EXAMINER 5.18.60DATE SIGNED					
	EXAMINER'S Frank G. Broschart DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)					
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacify)	CREMATORY	22d. LOCATION (City, town, or	country) (State)		
	Burial May 21 1960 Laytonsvill	e	Laytonsville	. ма.		
	23/FUNERAL DIRECTOR ADDRESS		Laytongville	AR'S SIGNATURE		
	Krancis H. Barber Laytonsville, Md. DATMAY 23'60 arily & Kings					

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) h	Ta Tiletas	en tos I de la sus	
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		SPORT SOLUTION	
	s/montas/william		
1 10 2 3 . 3 . 5			
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	or the production of the second	20 P. C. Land Co.	
	0702WW		

6044

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

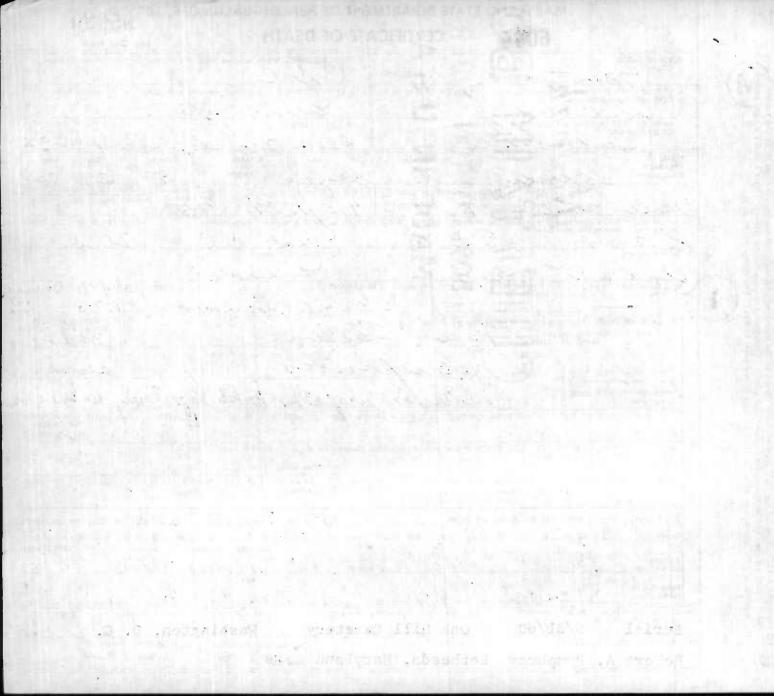
05990

1. PLACE OF DEATH a. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside copporate limits, write RURAL and give nearest laws)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  ON A FARM?  YES   NO IN
3. NAME OF First Middle  Grape or print)  Grape of First Middle  Middle	Parne 14. DATE Manth Day Year DEATH 5 27 1960
S. SEX  6. COLOR OR PACE 7. MARRIED   NEVER MARRIED    WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years last birthdoy)  15 / 1884  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	STRY 1. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  21. S.  14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. (If yes, give war or dates of service)	WIPORMANT Address 374 M. Brane Gerandel Shaemaker are. Va
IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under.  lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	hritis 2 weeks  2 weeks  2 weeks  1 not related to the terminal disease condition given in part 1(0) 19, was autopsy performed?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, ctary, street, office bldg., etc.) (City or tawn) (Caunty) (State)
21. I certify that I attended the deceased fram.  alive an ANDY 26 , 19 60 , and that death  ACTUAL SIGNATURE SLUED SURAB  PHYSICIAN'S NAME (Type) STEWART CASS	n accurred at global May 27, 1960 that I last saw the deceased accurred at global M, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 3921 Thyolanar 51/160  Wash 15 DC
220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  5/31/60  22c. NAME OF CEMETERY OF COMMENT OF COMMETTERY OF CEMETERY OF CEME	OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State)  Cemetery Washington. D. C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ATYLAND DATE JUN 1 '60 Orthory S. Trans

TO HOSPITE DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m. is after death. Page 4 may be retevined by the haspitol an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral Director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be fitted with the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death.

VS A1S (4) 15M 9/5B



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05991

5 CERTIFICA	AIL OI PLAIII
1. PLACE OF DEATH O. COUNTY MONTGOMONY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (Proutside carporate limits, write RURAL and give nearest town)  Takema fark  Takema fark	c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berwyn Hats., Hd. 1668, 2
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Washington San Floor	d. STREET ADDRESS  8916 5916 A Ve-,  e. IS RESIDENCE ON A FARM? YES NO 12
3. NAME OF DECEASED (Type or print) Holey Ornsbee	Peders un 4. DATE Manth Day Year OF DEATH 5 - 16-196
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   TEMPLE   WILLIAM   DIVORCED	1 8. DATE OF BIRTH  12 - 29 - 89  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR    Jan   J
10a. USUAL OCCUPATION (Give kind of work done loving most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12-CITIZEN OF WHAT COUNTRY
Robert McCade	14. MOTHER'S MAJOEN NAME UNKNOWY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (15 yes, give war or dates of service)	Noshington Sanitarium + Hespital Re
Canditions, if any, which gave rise to immediate cause (a), stating the under.  DUE TO  DUE TO  DUE TO  OUB TO	oas alar a cai deul 3 mon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURT  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Hame, form, 20f. (City ar town) (Caunty) (Statectary, street, affice bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 5-1-1 19 60, and that 220. SIGNATURE	death accurred at 10 4 M, from the causes and an the date stated above
22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF SIGNE STAFF 22b. DATE SIGNE 22d. ADDRESS
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial May 19, 1960 George Was	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  F. Gasch's Sons Hyattsville, Md.	DATMAY 1 9 '60 CILLING & Track

TO HOSE Control of ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2. Thus after death. Page 4 may be relatined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/S9

TO HOSPIT or ATENDING PHYSICIAN: The law requires that the death certificate be executed may be reserved by the haspital or otherding physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon pape the registrar prior to burial, cremation, or removal, and in any event within 72 hours often death.	
TO HOSPI may be TO FUNER page 3 s the regist	

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6045 CERTIFICATE OF DEATH

Reg. Dist. No.

		MARYLAND  ON THE COMPANY  THY OF TOWN (If outside carporole limits, write  LIVEN TOWN (If outside carporole limits, write  MARYLAND  ON TOWN (If outside carporole limits, write  LIVEN SOWN CONTOWN (If outside carporole limits, write RURAL on  DE LIVEN SOWN CONTOWN (If outside carporole limits, write RURAL on  STATE  MARYLAND  ON THE COLOR OF ROSE (IN MARYLAND  ON INSTITUTION  ON OF PINIT  ON		Mag. Biti.	1101				
1	PLACE OF DEATH o. COUNTY	MARYLAND	2. U	STATE	ere decease				nission)
-		e C LENGTH OF STAY IN 15	-	- A/	uteide carno	cata limiteita Pl			nua)
L	RURAL and give nearest town)		122			TOTE HINTIS, WITHE A	AKAL ONG GIV	e negresi i	own,
-	Bethesda	l o days	71		ring				
			10					10	RESIDENCE A FARM?
L	The Clinical Center, Bet	hesda 1/1, Md.		2920 New	Cast	le Aven	ue	YES	□ NO ☑
3.	. NAME OF First DECEASED	Middle		Lost	4. DATE	Mont	h	Day	Yeor
	(Type or print) Shirle			Porter	DEATH	May		31	19 60
5	. SEX 6. COLOR OR RACE 7. MA	ARRIED TO NEVER MARRIED	8. DA1	E OF BIRTH		9. AGE (In years			NDER 24 HRS.
	Female White WIDO	WED DIVORCED	J	uly 29, 19	13		Months	oys Hou	rs Min.
110	Da. USUAL OCCUPATION (Give kind of work done 10	Ob. KIND OF BUSINESS OR INDU	STRY 1	1. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
1		Teaching		Illino	is		U.	S.A.	
	3. FATHER'S NAME	- Contractor	14.	MOTHER'S MAIDEN N	IAME				
	Herman Walker			Maude Dixo	n				
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORA	MANT The Med	ical	Record Addr	ess		
ľ	Yes, no. or unknown) [If yes, give wor or dates of service]							Maryla	bac
F	18. CAUSE OF DEATH   Finter only one couse per		16 0	I III I Car Oc	illoer è	Demiesde	<u> </u>		BETWEEN
	PART I. DEATH WAS CAUSED BY:		nsuf	ficiency				ONSET A	D DEATH
					Mota	Stages to		10	uays
1					i rie ba	Stases to	,	1.	Vocasa
	gove rise to immediate	iver, hungs and	2h1	.ne.				4	Years
	toose (o), storing the under-							-	
2	(4)	IS CONTRIBUTING TO DEATH BUT	LNOT	ELAYED TO THE TERM	NAME OF THE PARTY	F CONDITION ON		1 110 111	- AUTORCY
CEPTIFICATION	PART 11. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	INOIX	ELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	PES	REORMED?
		ESCRIBE HOW INJURY OCCURRE	D. (Ente	er nature of injury in f	Port I or Por	1 11 of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d	. INJURY OCCURRED 20e. PL	ACE O	INJURY (Home, form	, 20f. (City	or town)	(Co	unty)	(Slote)
AFD	Hour a.m. 19 Wh		ctory, s	freet, office bldg., etc.	)				
1				10 60 .	Mare	2760			
					1100	<u> </u>	,that I la	st sow th	ne deceased
ı	olive on	oo, and that death	1 OCCU					date st	
7	ACTUAL Saul 1.1	/		m1			itorej	6	DATE SIGNED
	SIGNATURE TO THE	un	M.D				77 7 7 7		-T-0A
	PHYSICIAN'S SAUL GENUTH,	M.D.		Bethesda			Healt	1	
2	20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREA			TION (City, town, o	r county)	(\$	tote)
	burkal (Specify) 6/3/60	Arlington	Na	tional Ca		Ft. Mye:			
	3. FUNERAL DIRECTOR'S SIGNATURE 2	901 Adokth St.	N.	V . 24a. REC'I	BY REGIST	RAR 246. REGIS	TRÁR'S SIGN		
1		ashington 9.					ulun S.	There	

THE STANDARD STADENGED TO STADE
and common the community of the Communit

VR A1S (4) 1SM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5894 CERTIFICATE OF DEATH

	COUNTY M	ONTGOMERY		MAR	YLAND 2	o. STATE MARY L		b. COUNTY			
b.	CITY OR TOWN (IF RURAL and give need STLVE)	outside corporate limi	ts, write c	LENGTH OF STAY		c. CITY OR TOWN (IF	outside corpor ER SPRI		URAL and g	ive nearest	lawn)
	OR INSTITUTION	AL (If not in haspital, gURLINGTON		dress)		d. STREET ADDRESS 812 BURL	INGTON	DRIVE		e. IS RESIDEN ON A FAR YES \( \) NO  Day Year 6 19  ER 1 YEAR IF UNDER 24 Doys Hours A ITIZEN OF WHAT COUN U.S.A.  ART 1(a) 19. WAS AUTO PERFORME YES \( \) NO  (County)  (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County) (County)	
DE	AME OF ECEASED ype or print)	CHARLES		ALF RE		PRATT	4. DATE OF DEATH	Mon		6	19 60
S. SEX		6. COLOR OR RACE WHITE	7. MARRIEE			4/19/11		9. AGE (In years lost birthday) 49 yrs.	1	_	
d	during most of worki	N (Give kind of wark of ing life, even if retired oning Mecha	)	ND OF BUSINESS (	or industr	Washing					AT COUNTRY?
13. FA	ATHER'S NAME					14. MOTHER'S MAIDEN	NAME				45.6
Ch	arles T. 1	Pratt				Mary Lou	ise Tur	rner			
		IN U. S. ARMED FOR		CIAL SECURITY NO	D. 17, INFO	RMANT	4	Addi	ress		
	no, ar unknown)	If yes, give war or dates af s	579	-09-0980	Mrs	. Florence	V. Prat	t, 812 B	Burlin	gton 1	Dr.
	Conditions, if on gove rise to in couse (o), stating t lying couse last.	he <u>under-</u> DUE TO	)						(FALLE A. D. D. A. D.	11,110,111	MAC AUTOROXY
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS <u>COI</u>	NTRIBUTING TO DE	EATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	PE	REORMED?
L 2	20a. ACCIDENT WAS	S LINIDERIVING []	20h DESCRI	BE HOW INJURY O	OCCURRED.	(Enter noture of injury in	D 1 D1	II of item 18 )			
	IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRI			(Lines horote of injery it	n Port I ar Fari	tr dr flett 15.			
		Manth, Doy, Ye		URY OCCURRED	20e. PLACI	E OF INJURY (Home, far ry, street, office bldg., e	rm, 20f. (City		(0	County)	(Stote)
WEDICAL 2	Hour o. m. p. m.	Manth, Doy, Ye	or 20d. INJU While of work [	URY OCCURRED Not while of work	20e. PLACI factor	E OF INJURY (Home, for	20f. (City 19.04), ta_	ar town)	, 19 <i>k</i>	O, that (	1) (we) last
WEDICAL 22	Hour o. m. p. m.  21. I certify that saw the decease 22a. SIGNATURE	Manth, Doy, Yes	or 20d. INJU While of work [	URY OCCURRED Not while of work	20e. PLACI factor	E OF INJURY (Home, for ry, street, office bldg., e	20f. (City 19.04), ta_	ar town)	, 19 <i>k</i>	O, that (	1) (we) last
WEDICAL 22	Hour o. m. p. m.  21. I certify that saw the decease	Manth, Doy, Yes	or 20d. INJU While of work [	URY OCCURRED Not while of work	20e. PLACI factor	E OF INJURY (Home, for ry, street, office bldg., early accurred at	20f. (City 20f. ta	ar town)  Way 6 the causes an	, 19 k	O, that (	l) (we) last ted abave. 22b. DATE SIGNED

. 17 3 whether the same to be a comment of the same to be a same Charles I. Vanta hard Year, Warener V. Pench, III Buchinobon De. DB00-10-203 ----A CONTRACTOR OF THE CONTRACTOR

VS A15 (4) 15M 9/58

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

M

05994 CERTIFICATE OF DEATH

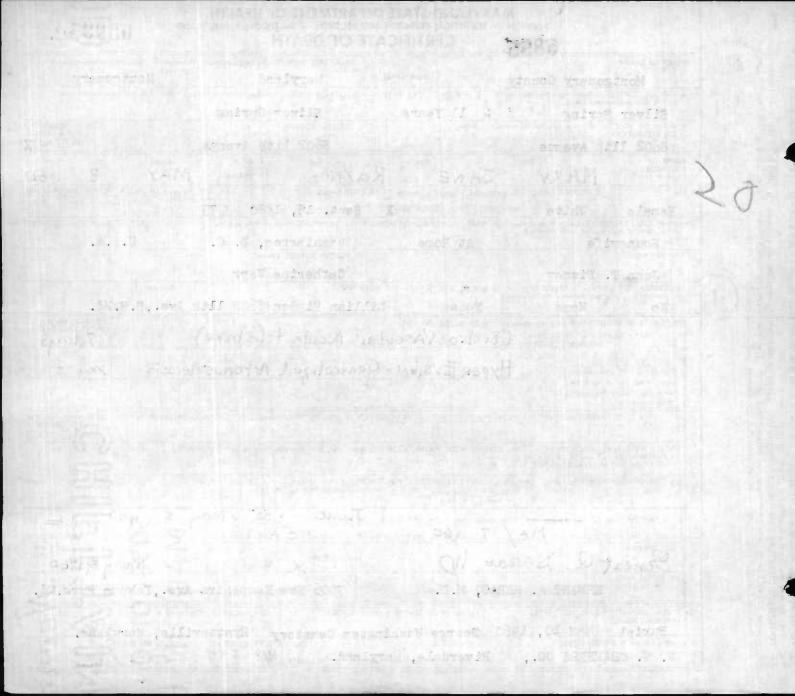
6046	OEKIII IO	AIE OI DEAIII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgom ery	MARYLAND	a. STATE	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)  Bethesda		c. CITY OR TOWN (If our	side corporote limits, write RU	RAL and give Hearest lown)
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	e street address)	d. STREET ADDRESS		e. IS RESTDENCE ON A FARM?
Sub urb an H os pita	1	8515 Woodhs	v en Blvd.	YES NO
3. NAME OF DECEASED (Type or print) Sarah	Middle	Rancourt	4. DATE Manth OF DEATH	Day Yeor
5. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH 12/16/80	last birthday)	FUNDER 1 YEAR IF UNDER 29 HR. Months Days Hours Min.
	VIDOWED DIVORCED _	, , , , , , , , , , , , , , , , , , , ,	19 yrs.	4 24
10a. USUAL OCCUPATION (Give kind af work dor during most af working life, even if retired) Housewife	ne 10b. KIND OF BUSINESS OR INDL	St. Come, C		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		0.00
G eorge Poul in		Poulin		
15. WAS DECEASED EVER IN U. S. ARMED FORCE		INFORMANT	Addre	SS
(Yes, no, or unknown) (If yes, give wor or dates of servi		rs. Algie Wells	8515 Woodha	even Blvd. Beth.
PART I. DEATH [Enter only one cause PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	e per line far (a), (b), and (c).]	Throlies		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which ) (b)_gave rise to immediate	Covering +	tent deser.		2 y Rus
cause (o), stoting the under- lying couse lost.	arteriose	lyon		20 425
PART II. OTHER SIGNIFICANT CONDIT	tions <u>contributing to death</u> bu	T NOT RELATED TO THE TERMIN	al disease condition give	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Po	rt I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	20d. INJURY OCCURRED While Not while at wark at wark	LACE OF INJURY (Hame, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that I attended the d	leceased from a gul	24, 1960, to	May 10, 1960,11	nat I last saw the decease
alive on May 10	, 19,60 , and that death	h accurred at 6PN	A, from the causes and	an the date stated above
ACTUAL SIGNATURE	Inown hel	MD 8218 MM	DDRESS (Street, city or town, st	DATE SIGNE
//	ONOVAN M.B	BETH	ESOA MO	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	OR CREMATORY 2	2d. LOCATION (City, town, or	caunty) (State)
Bur-Transit 5/11/6	TARREST MANAGE	Cemetery	Waterville,	Maine
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE
Robert A. Pomphrey	Bethesda, Ma	ryland DATE	2 150	04

~ responding 4 parts 2 ( 4 2 2 2 2 AND THE RESIDENCE OF THE PROPERTY OF THE PROPE Bur-Trought 5/1. 'F white brown loweters was cryille, Maine basiyasa ahaadaa ( mardonas . A myallah

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

	5895	CERTIFICA	ALE OF DEATH	
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission	1)
o. COUNTY	comery County	MARYLAND	Maryland b. COUNTY Montgomery	
b. CITY OR TOWN (II	autside corporate limits, writ-	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
RURAL and give ne		11 Years	20 Sliver Spring	
d. NAME OF HOSPIT	AL (If not in haspital, give stre		d. STREET ADDRESS  e. IS RESIDI	ARM?
	h Avenue		8602 11th Avenue	40 D
3. NAME OF DECEASED (Type or print)	MARY	JANE H	RAYNOR  4. DATE Month Day Yes	60
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER last birthday)  Months Days Hours	
Female	White WIDO	OWED DIVORCED	Sept. 15, 1880 79 yrs. Months Days Hours	Min.
Oa. USUAL OCCUPATIO	DN (Give kind of work done 10 ing life, even if retired)		USTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COL	UNTRY
Housew:	lfe	At Home	Washington, D. C. U.S.A.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	Disney		Catherine Verr	
	R IN U. S. ARMED FORCES?		INFORMANT Address	
No	None	None L	Lillian Higdon 8602 11th Ave., S.S.Md.	
	TH [Enter only one cause pe		INTERVAL BETY ONSET AND D	
PART I. DEA	TH WAS CAUSED BY:	erebro-Vascul	Lar Accident (Stroke) 7day	3
Conditions, if or gave rise to it couse (a), stoting	nmediate (	YPERTEUSION -	Generalized Arteriosclerosis years.	
CATIC	) (c) IER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFORA YES 1	MED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJUR Hour o. m. p. m.	Wh		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (Caunty)	(Stote
21. 1 certify that saw the deceas	M	ended the deceased fram.	death accurred at AM, from the causes and an the date stated a	
220. SIGNATURE	-a. Dare	w Wa	M.D. ATTENDING MED. STAFF PHYS.   100 8, 1960	DATE
22c. PHYSICIAN'S NAME (Type)	ERNEST A. SAF	RAO? M.D.	7006 New Hampshire Ave., Takoma Park, N	id.
230. BURIAL, CREMATIO REMOVAL (Specify) Burial	May 10, 1960	The second secon	ngton Cemetery Hyattsville, Maryland,	
24. FUNERAL DIRECTOR'		ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
W. W. CH.	AMBERS CO.,	Riverdale, Mar	ryland. DATE MAY 11'60 Cillun & Kenya	



1-1	1		MARYLAND STATE DEPARTM	MENT OF H	EALTH-BALTIM	ORE, 18				
A	X		5896 CERTIFIC	ATE OF D	EATH	Reg. D	(15996 ist. No.			
eral director, be filed with		1.	PLACE OF DEATH OUT GOWERLY MARYLAND	2. USUAL RESIG	DENCE (Where deceased lived	b. COUNTY	nce before admission)			
	M)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring  19 years	1011	OWN (If outside corporate li		give pearest town)			
10 × CM	1		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 8406 Houston Street	d. STREET A	DDRESS 106 Houston S	Street	e. IS RESIDENCE ON A FARM? YES NO.			
24 Illed in b	X	3.	NAME OF DECEASED (Type or print) NORMA L Middle	REDDI	4. DATE	28 Ma	Day Year			
campletely filled papers. Pages 1	1 ===	5.	female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTI	los	GE (In years IF UNDE t birthday) Months	Doys Haurs Min.			
			. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) uditor accounting US Governmen	Db:	ACE (Stote or foreign country)  Addelphia Pe		TIZEN OF WHAT COUNTRY?			
be no			FATHER'S NAME  John Lynham Sr	14. MOTHER'S	MAIDEN NAME orma Halstea	d				
9 9 2 2		15. (Ye	no ar unknown) [ (If yes, give war or dates of service)	INFORMANT tephen J	Reddy Sil	Address ver Sprins	Address r Springs, Md.			
attendii please within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Our Curou	cator			INTERVAL BETWEEN ONSET AND DEATH			
es that the ed by the mit. Ther			Conditions, if any, which)  DUE TO  Recurrent	- Care	mount)	Colon	6 worths			
ion. ion. in signe		_	gave rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  Carcuion	ia o	Colon	60	3 years			
: The lawing physici le has bee burial-trar remaval, a		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL				PERFORMED?  YES NO			
tending ificate the bu	0	L CERTIF	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR ON CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of	f injury in Port I or Port II of	item 18.)				
PHYSIC of or of this cert r use as emotion		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (I octory, street, office	Home, form, bldg., etc.)	wn)	(County) (State)			
NDING e haspile: After ched fo urial, cr			21. I certify that I attended the deceased from Quy alive an 22 May 19 GB, and that deat	/ , 19 <u>59</u>	7 - //		last saw the deceased			
R ATTER to by the RECTOR be deta ior to b			ACTUAL SIGNATURE Thomas P Fogarty	M.D. /C	ADDRESS (Street, o	ity or town, stole)	BLUDE ISM			
OSPICE OF CONTROL OF C			PHYSICIAN'S THOMAS P FOCART	9 MD	HYAT.	13ville	P.G. Ask			
moy be D FUNE page 3 the regi	9		BURIAL CREMATION, REMOVAL (Specify) 6/1/60 Pt Lincoln		0 -	City, town, or county) ^M anor, Md	(Stote)			
VS A15 (4) 15M 10/57	8,	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS  P. Gasch's Sons Hyattsville,	Md.	24a. REC'D BY REGISTRAR DATE UN 2 '60	24b. REGISTRAR'S SI	1.4			

		STADRITIEDS.	de la de la de	
AND STATE OF THE S		THE PARTY OF THE P	SEARCH CONTROL OF SERVICE	
		Company of		
		SCHOOL SECTION		
	73			
		IN SECTION AND		
	Taxono Francisco			

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TO HOSPIT

VS A15 (4) 15M 10/57

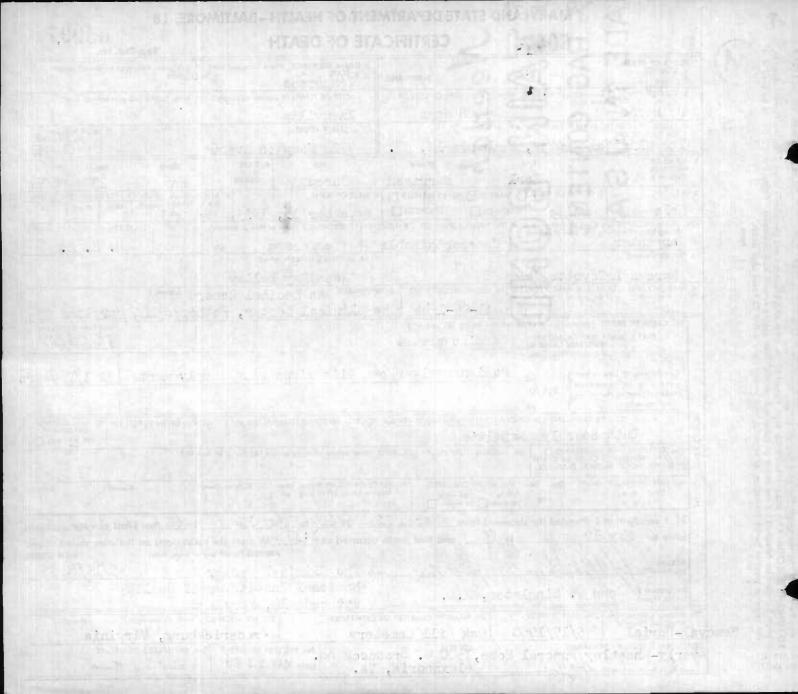
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6047

## CERTIFICATE OF DEATH

8	III	ICAI	E OF	DEA	Н	- 1	Rea.	Dist.	N
-									

	1. PLACE OF DEATH a. COUNTY  MARYLAND  MONTISOMETY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Tennessee						
		If outside corporate limits.	write	c. LENGTH OF STAY IF	N 1b	c. CITY OR TOWN (IF	outside corpo	rate limits, write I	RURAL ond g	ive nearest	town)	
10	Bethesda	leoresi lown)		68 days		Knoxville				79X	-3	
7	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv	e street	oddress)		d. STREET ADDRESS				e. IS	RESIDENCE	
		cal Center,	Bet	hesda Li, M	d.	3714 Hampt	on Ave	enue			N A FARM?	
	3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mai	nth	Day	Yeor	
	(Type or print)	Ear	cl	Harris	on	Reed	DEATH	May	7	19	1960	
	5. SEX	6. COLOR OR RACE	- MARR	NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years last birthday)	-		NDER 24 HRS.	
	Male	11277 00	VIDOWI	_	- 1	November 15.	1913	40 yrs.	Months	Days Ho	urs Min.	
	10a. USUAL OCCUPATION	ON (Give kind of work do king life, even if retired)	ne 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	or foreign co	ountry)	12. CITI	ZEN OF WI	HAT COUNTRY	
-	Carpenter		U	nascertaina	ble	Tennesse				U.S.	Δ	
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN N				0. 0.	22.0	
1	Marcus I.	afayette Rec	h			Rosa May	Taller	-				
ŀ	15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	\$7 16.	SOCIAL SECURITY NO.	17. INF	ORMANT The Med			ress			
	(Yes, no, or unknown)	(If yes, give wor or dates of serv	ice)								217-55	
-	No CAUSE OF DE	ATTA CC.		13-05-11/1/1	Tine	Clinical Ce	nter,	Bethesda	1 1/1,	Maryla		
		ATH [Enter only one caus ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_	-	rdiac arres	t					ONSET A	nd DEATH diate	
	Conditions, if a gave rise to i couse (o), stoting lying cause last.	mmediate the under-				a with wides					/2 year	
	PART II. OTI	ner significant condi			H BUT NO	OT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	VEN IN PART	PE	AS AUTOPSY REFORMED?	
	PART II. OTI Cut 20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   20 G   CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	CRIBE HOW INJURY OCC	CURRED.	Enter nature of injury in I	Part I or Part	II of item 1B.)				
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year	20d. IN While at work	Not while	Oe. PLAC foctor	E OF INJURY (Home, farm y, street, office bldg., etc.	, 20f. (City	or town)	(Co	ounty)	(Stote)	
	actual SIGNATURE	ohn W. Singl	19 fer	and that d		The Clinic	AM, from ADDRESS (SH al Cen nstitu	the causes of th	and an th	ost saw the date st	ated abave.	
q	220. BURIAL, CREMATIC REMOVAL (Specify) 7al—Burial	5/19/196	0	22c. NAME OF CEMET	emet		22d. LOCAT	ion (City, town, erickbur)			State)	
1	3. FUNERAL DIRECTOR	tley funeral	. Hor	me, 1500 W. I		LOCK I'd.	D BY REGISTI	RAR 24b. REGI	STRAR'S SIGI	NATURE		



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	D11101011	Ψ.	THE RECORDS - DA	h
)	048		CERTIFICATE OF DEAT	Ì

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	0	1	V	0

1. PLACE OF I		-		MARYLAN	2.	USUAL RESIDENCE O. STATE District	of Colum	d lived. If institut b. COUNTY		nce befo	re odmiss	ion)
RURAL or	TOWN (If outside corpord give nearest town).	ate limits, writ		days		c. CITY OR TOWN		prote limits, write	RURAL and	give ne	TY_	3
d. NAME O	F HOSPITAL (If not in hos					d. street Addres	SS	S. E.	- Apt	4		IDENCE FARM?
3. NAME OF DECEASED (Type or pri	int)	First Yetta		Middle Gordon		last RELACH	4. DATE OF DEATH	Mo Ma		1.	,	Year 19 <b>60</b>
s. sex	6. COLOR OR	RACE 7. M		/ER MARRIED [		ATE OF BIRTH		9. AGE (In years lost birthdoy) 50 yrs	IF UNDE Months		_	R 24 HRS Min.
10a. USUAL Of during mo Clerk 13. FATHER'S N	CCUPATION (Give kind of sst of working life, even if	work done 1	06. KIND OF B	usiness or in	re		State or foreign o		12. CI	J.S.		COUNTRY
	on GORDON	D CORCEGO				Unknown						
(Yes, no, or unkno	ASED EVER IN U. S. ARME		16. SOCIAL SEC 578-07-	1903	(S)	Richard	S. Relac		dress	ah.	2110	
Condition gove ricause (a)	ons, if ony, which se to immediate b, stoting the under-	D BY:	Gene Bron	chog	en	Carci	nom	etosis oma, l	eft		ome	
PA OR CONTI OR CONTI (IF EITHER	RT II. OTHER SIGNIFICAN	T CONDITION	is <u>contributi</u>	NG TO DEATH	BUT NO	T RELATED TO THE T	ERMINAL DISEAS	E CONDITION G	VEN IN PA	RT 1(a)	PERFO	AUTOPSY RMED?
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of twork of twork of twork of twork of two											
saw the 22a. SIGN 22c. PHYSI	CIAN'S E (Type)	May 18	196	eceased fra	M.D	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR		nd an th	e date	stated 221 5-19	abave. b. DATE SIGNED
230. BURIAL, C			23c. NAM	e of CEMETER		REMATORY	23d. LOCA	TION (City, town,	or county)		(Stote	
Danzans	ki Funeral E	fome, 3	501 14t		NW,		REC'D BY REGIS	100	ISTRAR'S S			

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	dealer to colour			
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	Comme and some		1.1.55.1.1	yet 18 .0
Ser HE VAN	яськая			
	18-25-09		d/21/35/30	Formula
	Policing e	2006 Jan 15-19-19		4
tens ha fit cours	Unknown 3) History S. Reinen	) Ex, - 01		Policecon (
				oli
	S) Richerd S. Reinen			oli
	S) Alemera S. Reaman			oli
	S) Fitners S. Ramen April 25			oli

Somewhard Principl Heady Spot Nato St., 18, Toldhill your South

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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VS A1S (4) 1SM 9/SS

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1	PLACE

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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5916 CERTIFICATE OF DEATH

OF DEATH		Reg.	Dist.	No

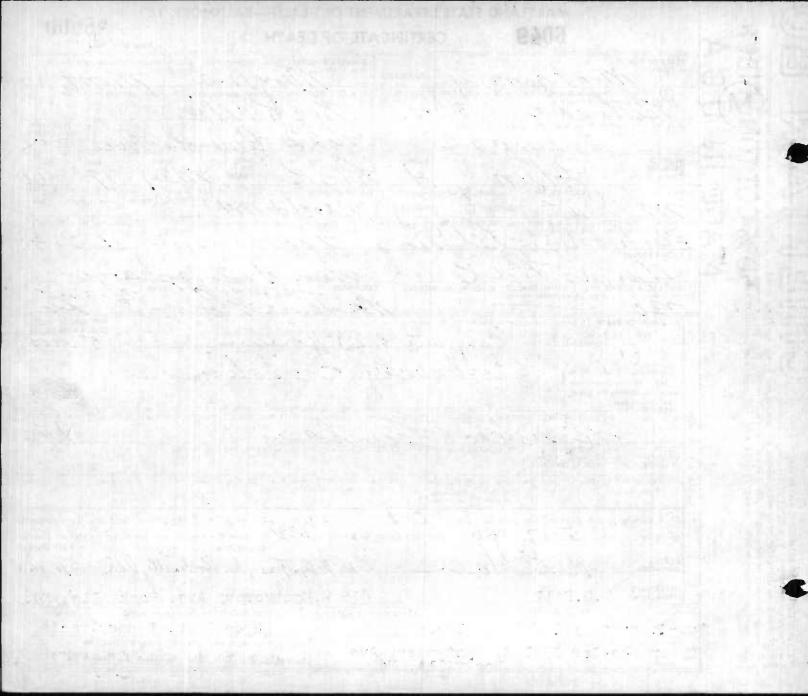
0310	keg, Disi. No.
1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY WANT Govern
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town)  A ROMA AND IN THE MORE AND IN MORE THAT IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION TO Syramse and	1 d. STREET ADDRESS 100 Lycamors and YES NO NO
3. NAME OF DECEASED (Type or print)  First Middle  Leng M	Chardson DEATH Month Day Year 1960
pen White WIDOWED   DIVORCED	8. DATE OF BIRTH  Months Days Hours Min.  9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  (1) S - G 60-	Wash, D. E U.S.
13. FATHER NAME S. Richardown.	14. MOTHER'S MAIDEN NAME Tannie Wortham
	oy G.Richardson1731 N.H.Ave., N.W.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate coese (o), stoting the under-lying couse lost.	Clation unt Decump 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
20d. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL While Not while for work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased fram	m.D. 203 Carroll live 5/9/60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	PR CREMATORY  22d. LOCATION (City, town, or county)  emetery  Washing to n, D. C.  (Stote)
23. FLY SAL SPECTOR'S SIGNATURE G. BORESS /- 141.	DATE MAY 1 2 '60 CINTURE STRAIR SIGNATURE

HE OF DEATH	ACHTHECA	
		The state of the s
	CH THE SHEET	
		A STATE OF THE PARTY OF THE PAR
		Company of the

VS A1S (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 COLD

	U	133	CERTIFICA	AIE OF DEATE		Reg. Dist. No	<b>.</b>
1. PLACE C	OF DEATH NTY Mont	30mers	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		institution: Residence bef	ore odmission)
	OR TOWN (If ostside corporation)	- 10	GTH OF STAY IN 16	c. CITY OR TOWN (IF o	nside corporate limits	write RURAL and give no	earest town)
d. NAM OR II	NE OF HOSPITAL (If not in hos NSTITUTION JUL			d. STREET ADDRESS	Grung	ther Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEAS	SED	First	Middle,	Ric Lost	4. DATE OF DEATH	Month D	Year
S. SEX	6. COLÓR OR	RACE 7. MARRIED WIDOWED	DIVORCED D	B. DATE OF BIRTH	9. AGE (I lost bir	n yeors AFUNDER 1 YEA thdoy) Months Doys	Hours Min.
10a. USUAI during	L OCCUPATION (Give kind of most of working life, even if	work done 10b. KIND o	BUSINESS ON INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN C	FWHAT COUNTRY
13. FATHER	Tarius	Rick	,	14. MOTHER'S MAIDEN N	IAME I 2001	arkers	w
15. WAS DI {Yes, no, or u	ECEASED EVER IN U. S. ARME		SECURITY NO.	NFORMANT STE	ught	Address The	aug .
18. C/	AUSE OF DEATH [Enter only	one couse per line for (o	), (b), ond (c).]			IN	TERVAL BETWEEN
gove	ditions, if ony, which )	DD BY: (USE (o) (b) DUE TO DUE TO	estive a monas	y Essel	bolism		Mos
	couse lost.	(c)T CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPS' PERFORMED? YES NO
OR CO	CCIDENT WAS UNDERLYING DNTRIBUTING CAUSE OF E HER, NOTIFY MEDICAL EXAM	DEATH	OW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item	1B.)	
	ME OF INJURY Month, Do Hour a.m. p. m.	While No	OCCURRED 20e. PL	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County	) (Stote
21. I olive	AL ///			1-4/11/17		or town, stote)	
NAME	CIAN'S W.G.Ha]					e Rockvi	lle. Md.
REMO	nl, CREMATION, 22b. DATE INVAL (Specify) ransit 5/19	- 16 -	SACE	R CREMATORY	22d. LOCATION (City Hyde Par	k, Pennsy	(Stote) lvania
Tysol	al director's signature n Wheeler 1		tgomery	/\ 37.0	by REGISTRAR 24 Y 2 0 '60	drilun S. Kra	



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he funeral director,	filedwith		1
the funera	2 shauld be filed with	O,	7

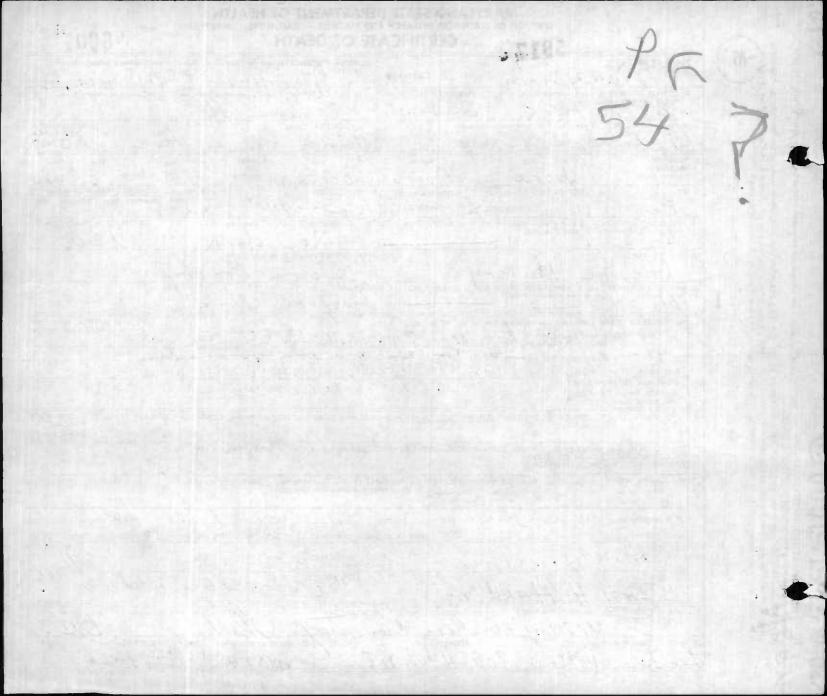
s ofter death. Page 4

D HOSPI OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 per many be resulted by the haspital ar ottending physicion.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 hours after deoth. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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VR	A15	(4)
1S	M 9/	59

5417	GERTINIO,			U	001
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where de			fore admission)
Don toomery	MARYLAND	o. STATE Mary la	nd b. COUNTY	Monto	thern-
b. CITY OR TOWN (If autside carporate limits, vrite RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write	RURAL and give no	earest town)
Takoma Park	20 days	Takoma	. Park		1654.2
d. NAME OF HOSPITAL (If not in haspital, give street	oddress)	d. STREET ADDRESS	, 1	7	e. IS RESIDENCE ON A FARM?
Washington Den + h	lesp.	17222 F/	swer H	ve	YES NO
NAME OF DECEASED First	Middle	) last , 4. D	ATE Mo	anth C	Day Year
(Type or print) Cora	Moore		EATH 5		0 1960
6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)		Hours Min.
Fe W WIDOWE	DIVORCED [	10-23-77	82 yrs		Hours Min.
0a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN C	OF WHAT COUNTRY
Housewife -		Newl	10 r K	u.	Sa
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	_		
George Halse	24	alvira	Freemo	2/1	
(6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Add	dress	
No -		HOSPI YOU	Necords		
18. CAUSE OF DEATH [Enter only one cause per lin	e far (a), (b), and (c).]		1 1 1 4		TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	biseence anas	domotic site, to	on with do	cal	
153, 8 DUE TO P	erite nitis	and abser.	2 Irrinal	400	
Canditions, if any, which ) (b) Post	Operative Colo	n Resection by the	leneroleina	ma	
gave rise to immediate couse (a), stating the under-	I with	Paralytic 31	242		
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GI	IVEN IN PART 1(a)	PERFORMED?
206. ACCIDENT WAS UNDERLYING TO DESCRIPTION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I	ar Part II af item 18.)		
		LACE OF INJURY (Hame, farm, 20)	. (City ar tawn)	(County	y) (State
Haur a.m.  P. m.  While at warl	IAUI AUITE	. / street, direct blogs, etc.)	1		
21. I certify that (I) (this haspital) attend	ed the deceased fram.	4/20 1900	ta 5/10	1960	that (I) (we) las
saw the deceased alive an 5/10	/2/1	1/1/2	fram the causes a		
22o. SIGNATURE		100			22b. DATE / SIGNEI
Xxa. 11/tarde	224	M.D. PHYS. MED. DIRECTO	OR PHYS.		5/10/
22c. PHYSICIAN'S NAME (Type) DEAN H. HARY	Ing	22d. ADDRÉSS Carrie	est Nic	words	De !
23a. BURIAL CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOGATION (Gity, town,	, ar caunty)	(State)
REMOVAL (Specify) // Macs 60	Lees Cr	ma laces	Vash.		D.C.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY	REGISTRAR 256, REG	SISTRAR'S SIGNAT	URE
Joan Flora V Man 31	10-41 th sh n	P DATERAY 1	2 '60	Ilun & Kan	44



VS A1S (4) 1SM 9/SB 6050

### **CERTIFICATE OF DEATH**

6002
Reg. Dist. No.

- 1										
1	1. PLACE OF DEATH O. COUNTY Montgomery		MARYLAN	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE, b. COUNTY						
	b. CITY OR TOWN (If outside corporo RURAL and give nearest town) Bethesda	te limits, write	c. LENGTH OF STAY IN 1	b c. CITY OR Port A	rown (If outside corp	orote limits, write R	RURAL ond g	give nearest	town)	
0	d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION  The Clinical Cent		address)	d. STREET A		on		0	RESIDENCE N A FARM?	
	3. NAME OF DECEASED	first niel	Middle Dean	Las Rod	4. DATE	Mar		Day 5	Yeor 19 60	
	S. SEX 6. COLOR OR I	RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)			NDER 24 HRS.	
	Male White	WIDOWE			16, 1953	7 yrs.				
	during most of working life, even if r Student	work done 10b. I etired)	None		ISTRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZE  Mississippi U					
	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			154		
1	Kenneth Rodd			Ir	mo Talbert					
	NO SECRET IN U. S. ARMEI (It yes, give wor or do				e Medical al Center,			Maryla	and	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	(b) UE TO (c)	Respiratory Tetralogy	failure				Lif		
7	PART II. OTHER SIGNIFICANT  OF CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAM)	20b. DESC	CRIBE HOW INJURY OCCU				VEN IN PAK	PE	REORMED?	
	County   C									
	21. I certify that I attended alive an May 5  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  Laker	Mery		ath accurred at	Clinical	the causes are Street, city or town, Center itutes of	id an the state)	date sta	ited abave.  DATE SIGNED	
	220. BURIAL, CREMATION, 76. DATE TO BUENCE 5/6/1	HEREOF 1960	22c. NAME OF CEMETER Marion		22d. LOC/	TION (City, town,		linois	State)	
	23. FUNERAL DIRECTOR'S SIGNATURE	Lucy	address 455	Tue	24a. REC'D BY REGIS		STRAR'S SIC			

Time Callery and the second s - received the form . 1 1 5 

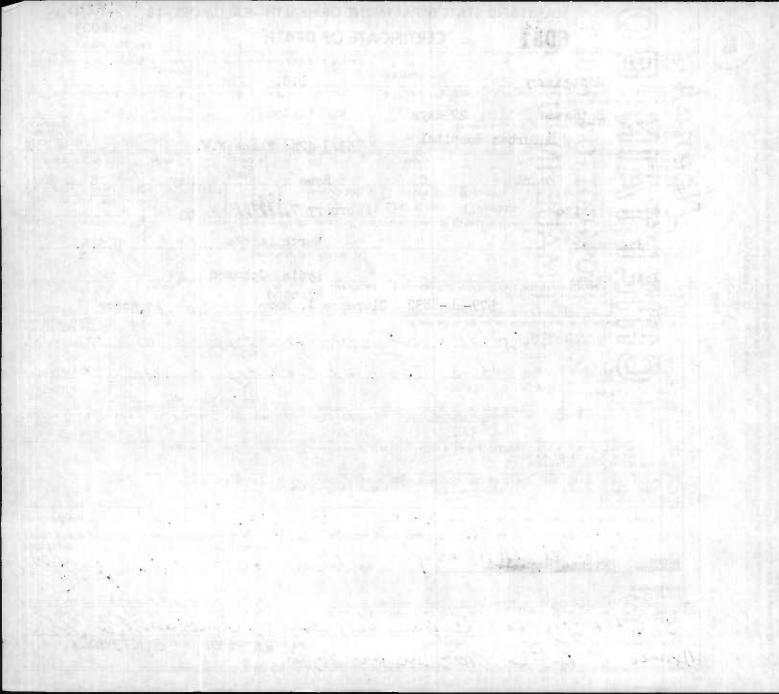
VS A15 (4) 15M 9/5B

M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6051 **CERTIFICATE OF DEATH**  8 05003 06003 Reg. Dist. No.

						Key.	DISI. 140.		
PLACE OF DEATH     a. COUNTY	V		MARYLAND	2. USUAL RESIDENCE		l. If institution: Resid	dence before ad	lmissian)	
L CITY OF TOWN	Montgomery (If outside corporate limi	te write	c. LENGTH OF STAY IN 1b	D.C	(If autside carporate li	-ite surite DIIDAL es	ad aive negreet	town	
RURAL and give r	(ir ourside corporate ilmi learest tawn)	is, write	C. LENGIH OF STAT IN 18	c. CITT OR TOWN	(it autside carporate ti	mits, write KUKAL on	a give nearest	idwnj	
Philadelphia	Bethesda		27 days	Washingt			41X-	3	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g			d. STREET ADDRESS			e. IS	RESIDENCE N A FARM?	
	Subu	rban	Hospital	5323 42nd	Place N.W	1_		NO TO	
3. NAME OF	Fir	st	Middle	Last	4. DATE	Manth	Day	Year	
(Type ar print)	Pear		C	Rowe	OF DEATH	May	8	1960	
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	1 200 9. AC		DER I YEAR IF U		
Female	White	WIDOW	ED DIVORCED	February 7.	784381	t birthday) Manth	ns Days Ha	urs Min.	
10a. USUAL OCCUPATI	ON (Give kind of work of	iane 10b.	KIND OF BUSINESS OR INDU		ate ar fareign cauntry	12.0	CITIZEN OF WHA	AT COUNTRY	
	rking life, even if retired;			Month	Dakota		** 0 .		
13. FATHER'S NAME	naker			14. MOTHER'S MAIDE			U.S.A.		
13. FAIRER S NAME				14. MOTHER 5 MAIDE	IN INAME				
John	Hatch			Lydia	Johnson				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT Husba	nd	Address			
1	(if yes, give war or dures or s	5	79-11-8832 C	larence J. R		As a	bove		
LID CAUSE OF DE	A711 [C-1	· · · · · · · · · · · · · · · · · · ·			0.1.0	210		L BETWEEN	
	ATH [Enter anly ane ca	use per II	ne for (a), (b), and (c).	17 1	A			ND DEATH	
PARI I. DE.	PART I. DEATH WAS CAUSED BY: Orebelly Infarety Tuest								
64.14	443 bull to								
	3	1	11	1	1	7	Cara		
	ver rise to immediate (b) Apple lencive and downstate Many								
cause (a), stating			W			4	1	10 out	
lying cause last.									
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CON	IDITION GIVEN IN P	PE	AS AUTOPSY REORMED?	
20a. ACCIDENT W	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature af injury	in Part I ar Part II af	item 1B.)			
	RY Manth, Day, Yes	ar 20d I	NJURY OCCURRED 20e. P.	LACE OF INJURY (Hame, f	form 20f (City or to	lawal	(Caunty)	(State	
Hour a.m.	19	While	Not while fo	actory, street, affice bldg.,		*****	(Caomy)	(Sidie	
₹ p. m.	p. m. 19 at wark at wark								
21. I certify t	21. I certify that Lattended the deceased fram June 1955, to 144 D., 1995 that I last saw the deceased								
alive an									
	ADDRESS (Street, city or town, state)  DATE SIGNED								
ACTUAL	Thetay III IT aken								
SIGNATURE	SIGNATURE Michaely Healy M.D. Washington will Mache & 5/8/1								
PHYSICIAN'S	I would be a second of the sec								
NAME (Type)									
22a. BURIAL, CREMATIC BEMOVAL (Specify	ON, 22b. DATE THEREO	100	22c. NAME OF CEMETERY C	OR CREMATORY Com	22d. LOCATION	(City, tawn, ar caunt	"PO -	(Stote)	
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	24a. R	ECID BY REGISTRAD	24b. REGISTRAR'S	SIGNATORE	1	
( smer	do Belts		5/03 uni 0	on 1/11 DATE	mert!				
	C 1000 E		0.00	- WILL DAIL					



VS A15 (4) 1SM 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

WED DIVORCED	d. STATE  Md.  c. CITY OR TOWN (IF  Mt Rain  d. STREET ADDRESS  2901 All:  Last  CB. DATE OF BIRTH  Nov 2 1892	b. COU outside corporote limits, writer,  ler,  1son St.  4. DATE OF DEATH  9. AGE (In ye lost birthdo 67) or foreign country)  NAME  Kennedy,	manth Day  Manth Day  Figure 1 Team 1	t lown)  S RESIDENCE ON A FARM? ES NO 1  Yeor  UNDER 24 HRS laurs Min.  HAT COUNTRY			
Middle  ARRIED NEVER MARRIED  DIVORCED DIVORCED DIVORCED  DE. KIND OF BUSINESS OR INDU  U.S. GOVERNMENT OF BUSINESS OR INDU	Mt Rain:  d. STREET ADDRESS 2901 All:  Lost  B. DATE OF BIRTH  Nov 2 1892  ISTRY 11. BIRTHPLACE (State  Fla.  14. MOTHER'S MAIDEN I  Eleanor I  INFORMANT  Mrs. Marjon	4. DATE OF DEATH  9. AGE (In ye lost birthdo 67) or foreign country)  NAME  Kennedy	Month Day  Month Day  Month Day  IF UNDER 1 YEAR IF  Months Days H  12. CITIZEN OF WI	S RESIDENCE ON A FARM? ES NOTE Yeor  LONGER 24 HRS Idours Min.  HAT COUNTRY			
Middle  ARRIED NEVER MARRIED  WED DIVORCED  DIVORCED  DIVORCED  OB. KIND OF BUSINESS OR INDU  16. SOCIAL SECURITY NO.	B. DATE OF BIRTH  NOV 2 1892  ISTRY 11. BIRTHPLACE (State  Fla.  14. MOTHER'S MAIDEN I  Eleanor 1  INFORMANT  Mrs. Marjon	9. AGE (In ye last birthdo 67) or foreign country)  NAME  Kennedy	Month Day  Francis   FUNDER 1 YEAR   F  Wonth Days   H  12. CITIZEN OF WI	Yeor  Yeor  UNDER 24 HR: laurs Min.  HAT COUNTRY			
ARRIED NEVER MARRIED DIVORCED DI	B. DATE OF BIRTH  NOV 2 1892  ISTRY 11. BIRTHPLACE (State  Fla.  14. MOTHER'S MAIDEN I  Eleanor 1  INFORMANT  Mrs. Marjon	9. AGE (In ye lost birthdo 67 or foreign country)  NAME	ears IF UNDER 1 YEAR IF Only yrs. Hondhis Days H	UNDER 24 HRS			
DIVORCED DIV	Nov 2 1892 ISTRY 11. BIRTHPLACE (State Fla.  14. MOTHER'S MAIDEN I ELEANOR 1	or foreign country)  NAME  Kennedy	Months Days H  12.CITIZEN OF WI	HAT COUNTRY			
U.S.G.VIt	Tleanor Informant  Mrs Marjor	NAME Kennedy,	y.s.				
	Eleanor I	Kennedy,	Address VI	Fe			
	Mrs Marjo		Address VI	Fe			
ling for (0), (b), and (4).	* 1 - 1	2 3 61					
s <u>Contributing to death</u> but	FNOT RELATED TO THE TERM	iinal disease condition	N GIVEN IN PART 1(a) 19. Y	WAS AUTOPSY			
ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.		NO C			
			(County)	(Stote			
21. I certify that I attended the deceased fram FEB 26, 1973, ta/14, 1920, that I last saw the deceased alive an MAY 14, 1920, and that death accurred at 30 PM, from the causes and an the date stated abave.  ADDRESS (Street, city or town, stote)  DATE SIGNED							
BB, 71, D.	M.D. 13000	7A. AUE. J.	11. p. 170 y	114/6			
	atl. Cem	Arl	_	(Stote)			
	ESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED  INDURY OCCU	ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in injury).  INJURY OCCURRED  Not while factory, street, affice bldg., etcork at work at the many many many many many many many many	ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18  INJURY OCCURRED Not while factory, street, affice bldg., etc.)  ased fram FEB 26, 1973, taffit 4, 19  ased fram FEB 26, 1973, taffit 4, 19  ased fram FEB 26, 1973, taffit 4, 19  ADDRESS (Street, city or the cause: ADDRESS (Street, c	ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)  INJURY OCCURRED  Not while at work 200. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  ased fram, FEB 26, 1943, to 144, 1960, that I last saw the cause and an the date st address (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  M.D. 13000 9A. HUE.  22d. LOCATION (City, town, or county)  Arlington Natl. Com  ADDRESS 5732 GEORGIA 24 VIC D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			

The state of the s of marrent 49 At Relater, odd resetto toos La Marak pleasing Mana a market, et al. 451 Expres 505 115-945 A STATE OF THE STA 20x 2 1872 - 67 strong a said record I manual 4 4 4 2 4 7 7 7 7 7 tinos a milyth to the state of the late of the

and completely filled in by the funeral director, bon papers. Pages 1 and 2 should be filed with

TO HOSPI. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use os the burial-transit permit. Then please remave carbon pages 1 registror prior to burial, cremation, or removal, and in any event within 72 haurs after depth

VS A1S (4) 1SM 9/SB

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

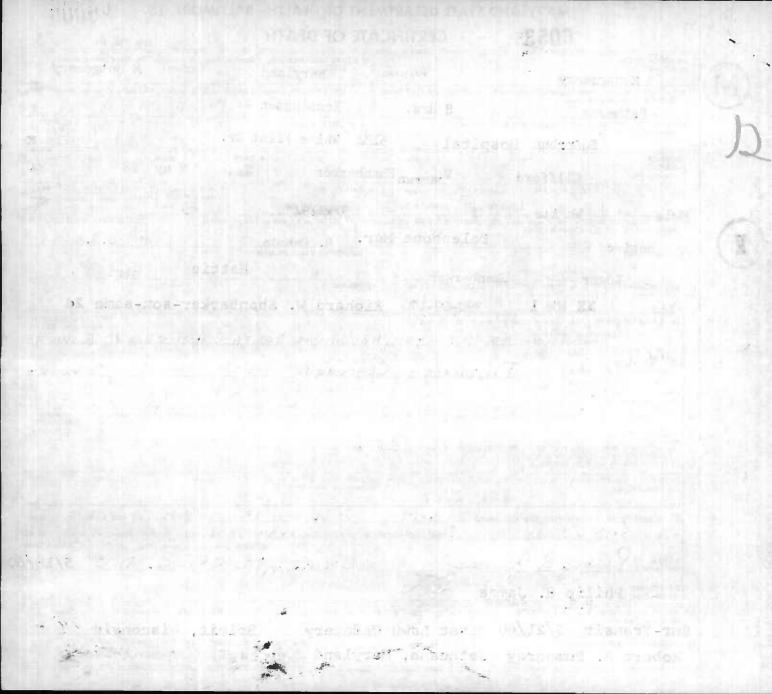
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomovy	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEMARYLAND b. COUNTY Montgomery						
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)  Bethesda	e limits, write c. LENC	STH OF STAY IN 16	10	OWN (If outside corporation	orote limits, write R	URAL ond give ne	arest town)
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION	n Hospita		d. STREET AN	odress e Flint Dr	•		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Cliff	First	Middle Warren Sh	lost	4. DATE OF DEATH	M a		^{Yeor} 60
S. SEX 6. COLOR OR R.		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy) 65 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
103. USUAL OCCUPATION (Give kind of vouring most of working life, even if re	vork done 10b. KIND Of	F BUSINESS OR IND	777	CE (Stote or foreign of	country)	12. CITIZEN O	F WHAT COUNTRY?
3. FATHER S NAME TELL	Shanbar	kar	14. MOTHER'S		ttie	Hart	
S. WAS DECEASED EVERAND. S. ARMED  Yes, no, or unknown  (If yes, give wor or dat	FORCES? 16. SOCIAL :	SECURITY NO.	Richard	W. Shanb	arker-s		2d
Conditions, if ony, which	(c)	UTING TO DEATH BL	T NOT RELATED TO		SE CONDITION GIV		19. WAS AUTOPSY PERFORMED? YES NO
	ATH	OW INJURY OCCURE	ED. (Enter noture of	injury in Port 1 or Po	rt 11 of item 18.)		
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.		ot while	PLACE OF INJURY (Foctory, street, office	lome, form, 20f. (Cit bldg., etc.)	y or town)	(County)	(State
21. I certify that I attended alive an 5.18.60  ACTUAL Philip R  PHYSICIAN'S Philip R  NAME (Type)	James		h accurred at	2:35 BM, from		d an the date	w the deceased stated above DATE SIGNED . 5/18/
220. BURIAL, CREMATION, 225. DATE THE REMOVAL (Specify)  Bur-Transit 5/2	21/60 Eas		OR CREMATORY  Cemetery	Bel		sconsin	
Robert A. Pumpl	/	nesda, M	aryland	DATEMAY 2 3 '6		STRAR'S SIGNATU ELMI & KLAN	



SUDBURY

5/21/60

CEMETERY

SPRING, MD.

FRIENDSHIP, TENNESSEE

24b. REGISTRAR'S SIGNATURE

Cally & Kraye

24g, REC'D BY REGISTRAR

DATE MAY 2 3 '60

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The same	CERTIFICATE OF DEATH
	The Part of the Control of the Contr
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VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

5941	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	- 0		
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission a. STATE b. COUNTY onery					
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Kensington	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or 35 Kensington	utside corporate limits, write R		ist tawn)		
d. NAME OF HOSPITAL (If not in hospitot, give street odd OR INSTITUTION 10717 Shaftbury Street.,	ress)	/ d. STREET ADDRESS 10717 Shaf	tbury Street.		IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print) Simpson	t Middle Isabe	First ^X *	4. DATE Man	00	19960		
SEX COLOR OR ACE 7 MARRIED NOGTO WIDOWED	NEVER MARRIED   DIVORCED	8. DATE OF BIRTH May 15, 1876	last birthday)	Manths Days	Haurs Min.		
Oa. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) Housekeeper	ID OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of Marylar		12. CITIZEN OF W	S. A.		
3. FATHER'S NAME Rinalda Simpson		14. MOTHER'S MAIDEN N	Snowden				
(Yes, no, or unknown) (If yes, give war or dates of service)	CIAL SECURITY NO.	Virgie Walke	r 10717 Sheft Kensington	bury St.,			
DUE TO  Candilians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  DUE TO  (c)		clerotic p	Fest Disi	edre	?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II af item 18.)				
20c. TIME OF INJURY Manth, Day, Year 20d. INJU Haur a. m. 19 While at wark	_ Nat while fa	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.	20f. (City ar tawn)	(Caunty)	(State		
21. I certify that I attended the deceased alive an	fram March , and that death  pe		M, fram the causes an ADDRESS (Street, city or town, current)				
	2c. NAME OF CEMETERY CO	DR CREMATORY	22d. LOCATION (City, town, Laytonsvil	ar caunty). 10, Md.	(State)		
23. FUNERAL DIRECTOR'S SIGNATURE ROC	ADDRESS			STRAR'S SIGNATURE			

The first community and a series of the seri The second secon . . . . Martin att titte ti bereitet ville. I I was to the contract of the ESTATION STATE THE STATE OF THE

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. certificate has been executed by the attending physician and permetelly filled in by the funeral director, the third condeath certificate assembly should be detached for use as a buffel transit permit.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg. Dist. No.

### CERTIFICATE OF DEATH 6055

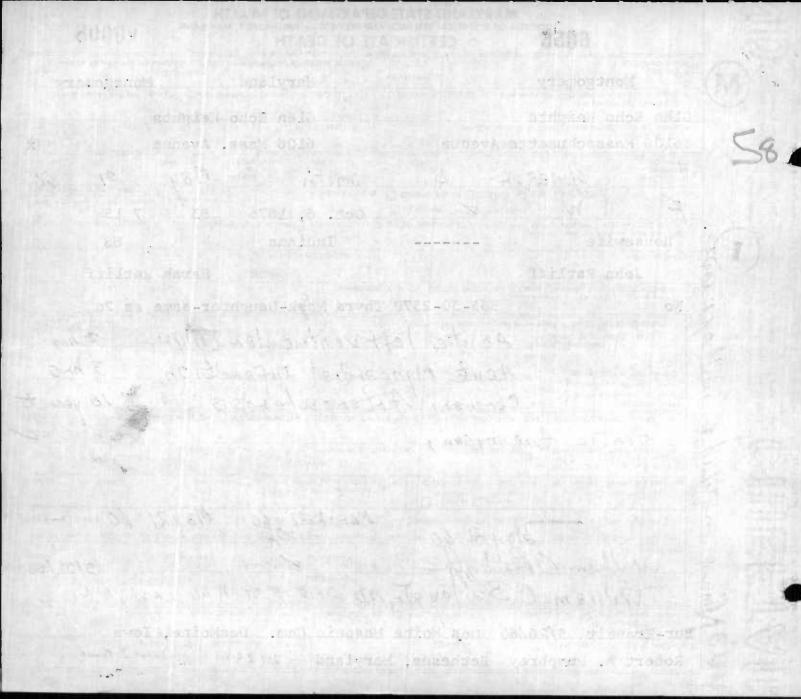
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY	STATE D.C COUNTY
CITY (If outside cuipotate finitis, while RURAL   LENGTH OF STAY	
OR end give nearest town) (in this piece)	or Town Washington 47x-3
HOSPITAL OR Bethesda 242Hrs	STREET (If rurel give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS Suburban	3722 T. St. N.W.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Year)
	ith DEATH May 16 19 60
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8.	DATE OF BIRTH 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED, (Specify) M amplication	12/9/00 59 yrs. Months Deys Hours Min.
Male White Specify Married  10s. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	12/9/00   37 yrs.
done during most of working life, even if OR INDUSTRY	COUNTRY?
relired) Clerk	Washington, D.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vi lliam F. Smith	Mary Conley
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY !	
(yes, no, or unk.) (If Yas, give war or dates of service)	Wife (Mrs. Bessie Smith)
Yes Navy	AL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	removed (die elle onser and death
15 XIMMEDIATE CAUSE (A)	distriction of the
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20 AUTORYA
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO P
21e. ACCIDENT WAS UNDERLYING [   21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work et work	
22. I hereby certify that I attended the deceased from	1942, to May 6, 1960, that I last saw the deceased
	111 4 1
alive on 19 , 19 , and that death occur	rred at
L. Ry nul M.	o. 13100-GEORGIA AUE S.S.Ma. S/N/a
	TERY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL 5-19-60 ARLIN	IGTON NATIONAL ARLINGTON, VIRGINIA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE WAS H. D.C ADDRESS
MAY 17'60 Cirilan d. France	the range of march of them 1800 MILLI

Hilly CERTIFICATE OF DEATH Absultage Withdighton, D.G. Wife didn. Beenly Eval 10年6月中國和新於 日本人的中国的自由的自由的自身

s after death. Page	ho the first of the contract o	12 should be filed with	(
that the death certificate be executed within 24	of the second se	t. Then please remaye carbon papers. Pages I an	il, and in any event, within 72 hades after death.
TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and after death. Page 4	may be recaired by the hospital or attending physician.	page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	the State Boord of Health priar ta burial, cremation, or remayal, and in any event, with 72 hau's after death.

VR A15 (4) 15M 9/59

TOWE 1/23 K1	I THE YOUR DEPOSIT OF THE PROPERTY OF THE PROP
1. PLACE OF DEATH O. COUNTY MORT TO MORT	USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)     a. STATE     b. COUNTY
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)	N 1b c. CITY OR TOWN (If autside carporote limits, write RURAL ond give nearest town)
Glen Echo Heights d. NAME OF HOSPITAL (If not in hospitol, give street address) of INSTITUTION 6106 Massachusetts Avenue	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	6106 Mass. Avenue
3. NAME OF DECEASED (Type or print)  MINER VA	Smith of Day Year Month Day Year Of Death May 2/ 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [	lost birthgay) Months Days Hours Min.
100: USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR I during mast af working life, even if retired)  HOUSEWIFE	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Ratliff	Unkn Sarah Ratliff
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT  Address
(Yes, no. or unknown) (If yes, give war or dates af service) 565-30-2370	Thyra Magk-Daughter-same as 2d
PART I. DEATH (Enter only one couse per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  A C ut c.	of Ventucial Failure Interval Between ONSET AND DEATH
Conditions, if any, which) (b) A-Cuto My	ocardial Infantion 3 hrs
gave rise to immediate cause (a), stating the under-lying cause lost.	Interiorcherosis 10 yours
Ant. 1	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES \( \bigcap \) NO \( \bigcap \)
	CURRED. (Enter nature af injury in Part I ar Port II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour o. m. While Not while at work of work	0e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (Stated factory, street, affice bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an analysis A 21.19 (1) and the	ram. March 37, 1960 to 12 424, 1960 that (1) (we) la hat death accurred a 20 AM, from the causes and an the date stated above
220. SIGNATURE ABOUT ABO	ATTENDING MED. STAFF SIGNI
22c. PHYSICIAN'S NAME (Type) 1/1 am O. Blailey Jr	M.D. PHYS. DIRECTOR DIVING 5/21/60  M.D. 22d. ADDRESS  M.D. 2015 R St., N.W. WASh., D.C.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE Bur-Bransit 5/26/60 Des Moine	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda,	Maryland DATE MAY 24'60 Outling S. Kines



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

6057 CERTIFICATE OF DEATH

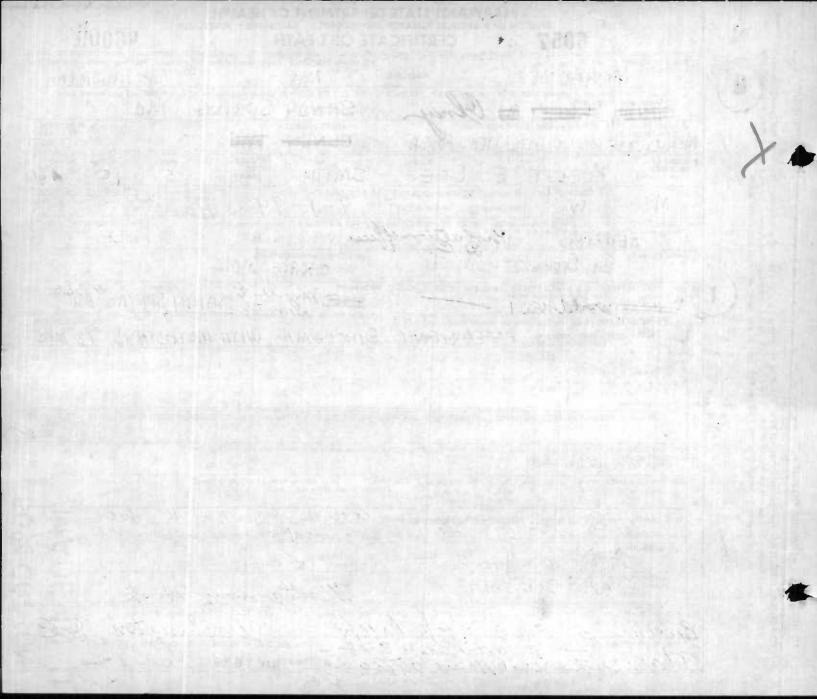
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	1. PLACE OF DEATH O. COUNTY WONTGO NYEZY MARYLAND	a. STATE  O. STA
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  XSAWDY SPRING MA.
3	d. NAME OF HOSPITAL (If not in hospital, give street-address) OR INSTITUTION NONTGOMERY COUNTY (TEN. HOSP.	d. STREET ADDRESS  ON A FARM?  YES NO
	3. NAME OF DECRASED (Type or print) ROBERT E. LEE	SMITH 4. DATE OF DOY Year 1960
	WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years last birthdoy)  9. AGE (In years last birthdoy)  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done done 10b. KIND OF BUSINESS OR INDU-	ece VIRGINIA USA-
	13. FATHER'S NAME St. GEORGE SMITH	TE ORGIE MOSS
	1S, WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give yor er dotes of service)	SANDY SPIRING MU.
	CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO DE 10. (Enter nature of injury in Part 1 or Port II of item 18.)
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	220. SIGNATURE A-DISA.	DCTOBER, 1959, to MAY 10, 1960, that (I) (we) last death accurred at 750 M, from the causes and on the date stated abave.  ATTENDING MED. STAFF SIGNED PHYS.   22d. ADDRESS  MED. PHYS.   22d. ADDRESS  MED. STAFF PHYS.   22d. ADDRESS
	230. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OF SEMENTAL SPECIFIC STREET, 23c. NAME OF SEMENTAL SPECIFIC STREET, 23c. NAME OF SEMENTAL SPECIFIC SPECIFIC STREET, 23c. NAME OF SEMENTAL SPECIFIC S	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)  25d. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	adams Funeral Home Min	and DATE MAY 16'60 Cullur 8, Kinus
	(DV EX	and the contract of the contra

may be refained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. Is after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPI VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			92
			142 mm
		taco) Patangan	

VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6058 CERTIFICATE OF DEATH

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					Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Mont	gom ery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marginia	1	on: Residence before odmission)
b. CITY OR TOWN	(If outside carparate limits, write	c. LENGTH OF STAY IN 16		side corporate limits, write RL	JRAL ond give nearest town)
RURAL ond give r	ethesda	4 Hrs.	Arling	ton	83X-3
d. NAME OF HOSPI	TAL (If not in hospital, give street		d. STREET ADDRESS	002	e. IS RESIDENCE
OR INSTITUTION	Suburban	Hospital	1904 N. Vanc	e St.	ON A FARM? YES NO NO
3. NAME OF			B = Z - T		
(Type or print)	First David	Middle	Spaulding	4. DATE Mont	0 10
5. SEX	6. COLOR OR RACE 7. MARE	RIED I NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White WIDOW	ED DIVORCED	9/29/93	to birthdoy) yrs.	Months Doys Hours Min.
Oa. USUAL OCCUPATI	ON (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU		fareign country) ell Mass	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Frank Sp	aulding		Anna L	ovely	
5. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Wife Mrs Mins	Address Spaulding (S	ess Same as Above)
CATIO	the under:  DUE TO  (c)  HER SIGNIFICANT CONDITIONS	to me	Deterior Control of Indiana Policy in Policy i	Description GIVE	EN IN PART 1(0) 123 WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU	RY Manth, Day, Year 20d. I	£ -	ACE OF INJURY (Hame, farm, ectory, street, office bldg., etc.)	20f. (City or town)	(County) (State
Hour o.m.	19 While of wor	IAGI WIIIE	ciory, arreer, office blog., etc.)		
21. I certify the dive on	Herson	ed fram April	M.D. 5.57. (Q. /	A, from the causes and	DC15-7-6
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, o	r county) (Stote)
Crematic	n 5/12/1960	Fort Linco	6/		rges County M
3. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		1 - 100	TRAR'S SIGNATURE
1/4 8	June	290114	SINM DATE MA	1 1 0 '60 Cin	inus . S. Haus

ATABLE RECEIVED HIS REPORT OF THE After a course topy for a relative of the course The second of the second business of the second of the sec Com to things only not LONG THE RESERVE LANGE TO BE SEEN TO SEE THE PERSON OF THE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
5919 CERTIFICATE OF DEATH

5918

v6012

	1. P	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY
	b	CITY OR TOWN (If outside comprote limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a side corporate limits, write RURAL and give no est town)
		RUPALI and give nearest town	THE THE TOTAL AND THE
	10	I. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS 57 Elder Place . IS RESIDENCE ON A FARM?
0	N	ashing In Janiarium + Hespila	YES NO THE
	0	TAME OF DECEASED  Type or print)  George Was ning To	n Tacun Death Death Doy Year 1960
	S. S		B. DATE OF BIRTH  9. AGE (In yeors lost birth day)  Months Doys Hours Min.
	1	1) Se White WIDOWED DIVORCED	8-11-80 79 yrs.
	Mg	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU- during anst of working life, even (retired)  Dry Goods Store	m, 00 11 0 0
	13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		William Staleup	Samp Taulde
r		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUTIV NO. 17. IN 10. pg. ughnown)   (If yes, give war or dates of service)	NFORMANT Address
		none_	Hospital Records
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	congestive heart facture 12 hos
		DUE TO DE TO	to be the live
		Conditions, if ony, which gave rise to immediate DUE TO	mary quitain
		lying cause lost.	
-6	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	CAT	Intertrochantere fracture	left hip YES NO
	CERTIF	206. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Eufer nature of injury in Part I or Port II of item 18.)
		y access given	ACE OF INJURY (Home, farm, 26, (City or town) (County) (Stote)
	MEDICAL	Haur o. m.  p. m.  19 While Not while for ot work at work	ctory, street, office bldg., etc.)
	<	21. 1 certify that (I) (this haspital) attended the deceased fram	4-29 1960, to 5-5- 1960, that (1) (m) last
1		A Fall R	death accurred atM, from the causes and an the date stated above.
		22a. SIGNATURE	22b. DATE
			M.D. PHYS. DIRECTOR PHYS.
		22c. PHYSICIAN'S NAME (Type) Henry W. Jacger M.D.	925 Pershing Dr. Silver Spring Md.
	23a.	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY O	
	E	URIAL 5/9/60 FI. BINGOEN C	EMETERY PRINCE GEO. COUNTY, MARYLAND
	2 W	HERE TO SUMPHREY INC. SILVER SPRING	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Onther S. Thank

may be revolved by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to buriol, cremation, or remaval, and in ony event, within 72 haurs after death. rs after death. Page 4 M OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A15 (4) 1SM 9/59

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TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is after may be removed by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the I	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shau	(
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O HOSPIT OR ATTENDING PHYSICIAN: The low required be reformed by the haspital or attending physician.	RAL	shat	the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.
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VS A1S (4) 1SM 10/S7

			RYLAI 59	ND S			ATE OF			IMORE, 18	Reg. Dist. No	60.	13
1, PLAC o. C	CE OF DEATH OUNTY	Montgome	ery	3	N	ARYLAND	2. USUAL RES	Georgi		ived. If institution b. COUNTY			sion)
Rt	ITY OR TOWN OURAL and give rethesda	(If autside corporal		rrite	c. LENGTH OF S		c. CITY OF	R TOWN (If o		te limits, write RU	RAL ond give no	earest town	n)
0	R INSTITUTION	ital (If not in hosp			ldress) nesida 14	, Md.	d. STREET Route		Spense	Road			SIDENCE A FARM?
	AE OF EASED e or print)		First John		May	iddle Me		anley	4. DATE OF DEATH	Month May			Yeor 1960
	ale	6. COLOR OR S	WIC	DOWED	h-ad	ORCED	8. DATE OF BIR March 1	6, 199	52	lost birthday) yrs.	F UNDER 1 YEA Manths Days	Hours	ER 24 HRS. Min.
N	one (St	ON (Give kind of rking life, even if radent)	work done etired)		ind of Busine Jone	SS OR INDU	~	PLACE (Siole eorgia	or foreign cou	ntry)	U. S		COUNTRY
Aı	ndrew St						Marve	s MAIDEN N	Rowe				
	or unknown)	ER IN U. S. ARMEC			None					cord Addressed		rylar	nd
C	PART I. DE	ony, which	BY:	Car Fol	diac ar	rest open	heart co	rrecti	on of	Ventricu	ON	36 ho	DEATH
co	ove rise to i use (o), stating ing cause last.		UE TO (c)	Ven	ntricula	r sep	tal defe	ct				8 уе	ears
CERTIFICATION (IL)		HER SIGNIFICANT									V IN PART 1(o)	PERFO	AUTOPSY DRMED?
	CONTRIBUTING	AS UNDERLYING ( G CAUSE OF DE MEDICAL EXAMIN	EATH	. DESCR	IBE HOW INJUR	RY OCCURRE	D. (Enter noture	at injury in F	ort I ar Part II	of item 18.)			
WEDICAL 20c.	Hour o. m. p. m.	RY Month, Day	W	Vhile	URY OCCURRED Not while	20e. Pl fo	ACE OF INJURY ctory, street, office	(Home, form ce bldg., etc.	20f. (City or	town)	(County		(State)
ACT SIG	TUAL NATURE L	hot I attended by 27 Pland F Roland Fo	olse	19 60	ond the		M.D. The Nati	3:10/ Clinic	al Cen	the causes and the course of the causes and the causes and the causes are the causes and the causes are the causes and the causes are caused and the causes are caused are caused and the causes are caused and the cause are caused and the caused are caused are caused and the caused are caused are caused and the caused are caused are caused and the caus	pte)	ite state	decease ed abave ATE SIGNE
22o. BUI	RIAL, CREMATIC MOVAL (Specify)	DN, 226. DATE TH	S/GO	2	22c. NAME OF (	CEMETERY C				N (City, town, or	caunty)	(Start	9/a
23. FUN	torus	s SIGNATURE	eral	e -	Lon	e of	ra	24a. REC'C	BY REGISTRA		RAR'S SIGNATU 47 S. KLAN		

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	an signed by the attending physician and completely filled in by the funeral director,	nsit permit. Then please remove carbon papers. Pages I and 2 should be filed with	/
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RYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE, 18	3

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		60	60	CERTI	FICA	TE OF DEA	TH			Reg. Dist.	No.	
1.	PLACE OF DEATH a. COUNTY	Montgomer	7	MARY	LAND	2. USUAL RESIDENCE o. STATE	(Where decea	b.	COUNTY	n: Residence	before adm	ission)
	b. CITY OR TOWN (II RURAL and give ne Bethes	outside corporate limi orest town)	its, write c.	LENGTH OF STAY	IN 16	c. City or town	(If outside cor			RAL and give	e nearest la	wn)
	OR INSTITUTION	AL (If not in hospitol, con Hospital		ress)		d. STREET ADDRES	12nd.	St.	N.W.		ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Fite Ette	'sf	Middle V •	Ç	tinchcomb	4. DATE OF DEAT		Month	29/	Doy 2 /	Year 19 6 0
F	remaile	White	WIDOWED [		00	Self 18, 1	892	6		Months Do	YEAR IF UN	
	Lausen	ing life, even it refired	done 10b. KIN	id of business o	R INDUS	TRY 11. BIRTHPLACE (S	and	and	0	12. CITIZE	1 S	A COUNTRY
13.	JAMES	WAR	RINC	3.		14. MOTHER'S MAID	EN NAME	SI	PRI	G-G-	S	
	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s		-26-152		Hormant Lder T.Stin	chcomb,	502 Was	5-42nd	i.,St.	N.W.	
		nmediate (	Ade	n (o), (b), and (c).	inok	ng ct u	teru	5 M	netas	tases	INTERVAL ONSET AN	SETWEEN D DEATH
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING	a, tern	rinal.	dueto	car	NOT RELATED TO THE T	struct	ting	uncte	N IN PART I	(a) 19. WAS PERF YES [	ORMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	or 20d. INJUI While of work	Not white at work		CE OF INJURY (Home, tary, street, office bldg.		ity or taw	1)	(Cou	inty)	(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	thual  tewar	1960 hlay	and that lapp	^	, 1949, to accurred at 315 A.D. 3921 	Tingo,	(Street, cit	causes ary ar tawn, s	nd an the tote)	date sta	deceased ted abave DATE SIGNED
	BURIAL CREMATION REMOVAL (Specify) Burial	May 23	1960	the second se		hurch Cem.	A	rnole	-		Mo	ote)
23.	huy bha	se Lunua	1 Hom	ADDRESS 5/03 M	upce	DC DATE	MAY 2 4			rar's sign		4.5

VS A1S (4) 15M 9/5S

6061

## **CERTIFICATE OF DEATH**

Reg. Dist. No.

06015

0001	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission)  arryLand  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission)  MONTGOMETY  MONTGOMETY
MICHTGOMERY	XXXXMaryland Montgomery
b. CITY OR TOWN (If autobe corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1/1//	o. 5 TWASHINETON 16 -Sumner
d. NAME OF HOSPITAL (If nat in haspital, give street address)	/d. STREET ADDRESS e. IS RESIDENCE
Wheaton Nursing Home	5619 Wood Way- Summer YES NO
3. NAME OF First Mic DECEASED (Type or print)	Last 4. DATE Month Day Year OF DEATH : DREAM 28 196
5. SEX   6. COLOR OR ACE   7. MARRIED   NEVER MA	Ten diet Illag 20 11
1 1	PRCED Oct. 15 186 9 Gost birthdoyr Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINES	SS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired)	Rhode Island U.S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Lawton	Ellen Vose
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) [ (If yes, give wor or dates of service)	NO. INFORMANT Address
Mone	Theodore L. Sweet Same 2 d
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and	
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o) 140 CON O	11a/ Decompensa. Tion , 3 Hou
DUE TO DUI.	1. 1. 1.
Conditions, if ony, which ) (b) Hrteris Se	elevatic Heart Disease 10+ Year
gove rise to immediate (	
couse (d), storing the under-	- 1 Alexinestavia 20+ Va
lying couse lost. (c) (ganeval)	TES PARTONIOSCIENOSIS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS
Inanition ba	sed on Spullty YES NO
= 20a, ACCIDENT WAS UNDERLYING TO 20b, DESCRIBE HOW INJUR	RY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	00 01107 05 1011107 01
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stal foctory, street, office bldg., etc.)
p. m. 19 at work of work	
21 1	950 10 15-78 10001111
21. I certify that I attended the deceased fram.	73 2 , 19 , to 3 - 6 8 , 1969 that I last saw the deceas
alive an 2 - 4 , 1960 , and the	hat death accurred at 2_1/22_M, fram the causes and an the date stated aba
Λ - ΄	ADDRESS (Street, city or town, state)  DATE SIGN
SIGNATURE COMPACTURATIONS	M.D. 6601 - Greentree Rd. Beth, med
SIGNATURE DE LA CONTRACTOR DE LA CONTRAC	M.D. OGO! STATE TO THE STATE OF
PHYSICIAN'S	6601 Oncomple Dd Dath 21-11/2 8 191
NAME (Type) James W. Long	6601 Greentiree Rd. Beth May 28, 196
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	CEMETERY OR CREMATORY 22d. LOCATION (City, town, or caudy) (Stote)
Bureal Mary 5/24/lax Sun	an thent Revedence Photo Out
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
P.A. +0 + 1.	1 200 1 100 0 100
MAJACU MISICANI BUL	DATEJUN 1 '60 CITCHIA 2. MILLE

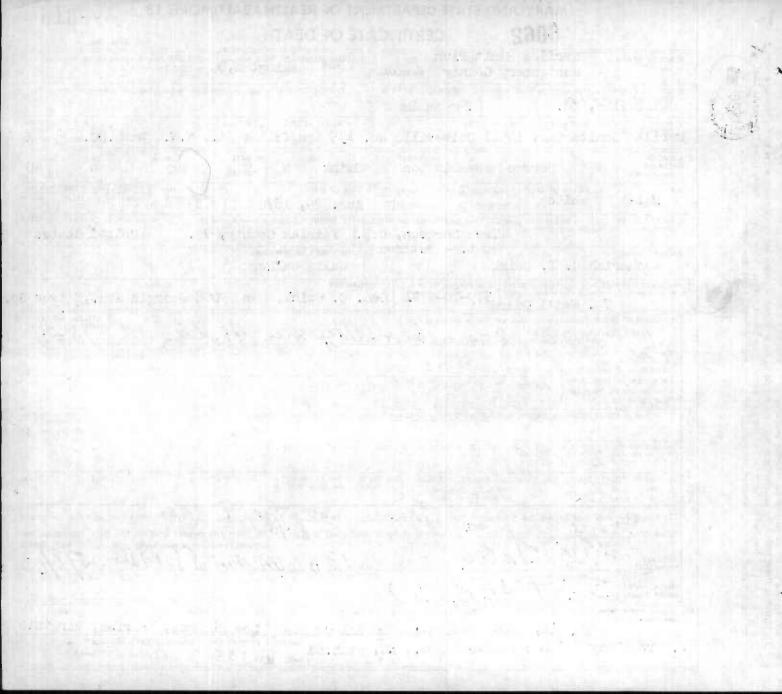
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mours after death. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remaval, and in ony event within 72 hours ofter death. VS A15 (4) 15M 9/5B

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6016

	Reg. Dist. No.
PLACE OF DEATH Marilea Sanitarium  d. COUNTY Montgomery County MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Washington, DC b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest fown) COLESVILLE, Md.  Two weeks	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Marilea Sanitarium, 14511 Colesville	Rd. 135 Longfellow St., N.W., Wash.DG. YES NO MARKET NO
NAME OF DECEASED (Type or print)  George Washington	Swink do Date Month Day Year 60 19
Male 6. COLOR OR RACE 7. MARRIED MEYER MARRIED WIDOWED DIVORCED	Aug. 25, 1876   Ost, Derthdoy)   Months Doys Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tree Surgeon,	U.S. Fairfax Countyn Va. United States
3. FATHER'S NAME Zachariah C. T. Swink	Julia Walker
S) WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Va. Nat'l Guard 579-10-2791	Geo. C. Swink, Son 9008 Georgia Ave., Silver S
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	re / Rfitem Ht. Lles. Interval Between onset and Death
Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u> (b)  DUE TO  (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \bigcap \text{ NO } \( \bigcap \)
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e Hour o. m. While of work of work of work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that I arrended the deceased from alive an 19 and that de ACTUAL SIGNATURE  PHYSICIAN'S ARRENDED TO THE PHYSICIAN'S ARRENDED TO	eath accurred at 1. 190 M, from the causes and an the date stated abave.  ADDRESS (Street, city stown, state)  M.D. 13,0004A, AUE STATE STONED
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	
3. FUNERAL DIRECTOR'S SIGNATURE 1.06 TO TO ADDRESS	w, Wash.DC 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 246. REGISTRAR'S



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. , PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY M ontgomery o. STATE Maryland b. COUNTY Montg. files. Health, MARYLAND b. CITY OR TOWN (It autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda 150 DOA Gaithersburg 70 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RFD # 3 Hosp. Suburban YES NO TO 3. NAME OF First Middle 4. DATE Lost Month Yeor DECEASED (Type or print) Claude Victor DEATH May 3. 19 Tennery 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE Hin years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours | Min. WIDOWED [ DIVORCED [ male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? oge 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT mit. Ilf yes, give wor or dates of service) 20 len nevy 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN long ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Her IMMEDIATE CAUSE (0) buriol-tronsit Budding DUE TO Office Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying cause fast. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCUPYED (Enter nature of injury in Port I or Port II of item 18.) YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO ageto which 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or low) Month, Doy, Year (Stole) factory, street, office bldg., etc.) Garrett Pk. 19 60 of work of work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, certificate, w forworded t DIRECTOR: Suicide , Homicide , Undetermined manner opinion death resulted from: Natural causes ... Accident ... ACTUAL DATE SIGNED Frank J. Broschart CHIEF MEDICAL EXAMINER SIGNATURE should be a FUNERAL D ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Slote) REMOVAL (Specify) × 4 0 Burial Rockville. By REGISTRAR'S SIGNATUR 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR VS. A15ME OnThung & Kraus DATELIAY 9 160 5M 2/57

in manager of the same of the first

. PLACE OF DEATH		O HELIAL PERIPERIES	1 12 1 16 2 22 22	Reg. Dist. No.
o. COUNTY Montgomery	MARYLAND	o. STAJE Marylan	nere deceosed lived. If institution b. COUNTY	viontgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RU	JRAL and give nearest town)
Garrett Park	10 years	2 Garrett	Park	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDEN
10923 Montrose Ave		10923 Mor	trose Ave.	ON A FAR
NAME OF First DECEASED (Type or print) BELLA	Middle BROOKS	Thompson	4. DATE Mont	Doy Yeor
. SEX   6. COLOR OR RACE   7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24
Female Caucasianow	ED DIVORCED	5/3/77	83 yrs.	Months Doys Hours A
0a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUN
during most of working life, even if retired) School teacher, retired		Pennsylva	nia	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
WALTER J. BROOKS		PHOEBE V	IRGINIA BASSETT	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	NFORMANT	Addre	
Yes, no, or unknown) (If yes, give war or dates of service)			ian, 10,923 Mor	
18. CAUSE OF DEATH [Enter only one couse per l			Garrett Par	k Maryland
gove rise to immediate couse (a), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS	Carcinoma CONTRIBUTING TO DEATH BUT		mary Site NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTO PERFORME
				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of item 18.)	
ZOC. TIME OF INJURY Month, Doy, Year 20d. Hour o.m. While of wo	Not while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	.)	(County) (S
21. I certify that I attended the decea	sed from March	. 19 60 to 1	lay 21 160	that I last saw the dece
				d an the date stated ab
2111	11/		ADDRESS (Street, city or town,	
SIGNATURE Solvesh de	Hita Bo	m 10600 de	ncord St.	May 24.
SIGNATURE /	0000			kiliting
PHYSICIAN'S Robert T. Thi	badeau, M.D.	Kensingt	on. Md.	
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, o	r county) (Stote)
REMOVAL (Specify) 5/27/60	ROCK CREEK C		WASHINGTON,	
BURIAL P/2//00  3. FUNERAL DIRECTOR'S SIGNATURE				
BNER E. DUMPTERI ISC.	ADDRESS	24g, REC'	D BY REGISTRAR 24b. REGIS	IKAK 2 SIGNATUKE

arilan S. Kraus

DATEMAY 3 1 '60

TO HOSPICOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after depth.

VS A15 (4) 15M 9/58

COLUMN TO STREET STREET STREET STREET STREET Server D. TO SELECT THE PROPERTY OF THE PARTY OF THE P AND IN THE RESERVE AND IN THE RESERVE AND IN THE RESERVE AND INC. Carron Service Commission of the Commission of t Carlo and the control of the control The state of the s  CERTIFICATE OF DEATH

5949	CERTIFICA	AL OF BEATH	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	USUAL RESIDENCE (Where deceased lived o. STATE MARYLAND	I. If institution: Residence before admission) b. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON	9 yrs.	c. CITY OR TOWN (If outside corporate li	mits, write RURAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION CARROLL Hall Nurs	dress) sing Home	d. STREET ADDRESS 2713 HARMON ROAD	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EUUA	And the FROST	TYLER 4. DATE OF DEATH	Month Day Year 15 196
5. SEX   6. COLOR OR RACE   7. MARRIED   WHITE   WIDOWED		8. DATE OF BIRTH 9. AC los 81	(In years the birthdoy) yrs.  Wonths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLOVEMAKER GLOV	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) ENGLAND	12. CITIZEN OF WHAT COUNTR
unknown FROST		14. MOTHER'S MAIDEN NAME unknown	
(Yes, no, or unknown)   (If yes, give war or dates of service)		NFORMANT s. Vera Abbaticchio, 2	Address 2713 Harmon Rd.
Conditions, if only, which gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITI	ENERALI  NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	OSC E ROSUS  ADITION GIVEN IN PART 1(0)  19. WAS AUTOPS PERFORMED? YES NO S
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of	item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 While of work	Not while foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	wn) (County) (Stot
21. I certify that I attended the deceased alive an May 16, 1962  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  HENRY M. LOWDEN			causes and an the date stated above
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) TRANS & BURIAL 5/17/60	PERN DALE CE		(City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE  VALUE OF THE STATE OF T	SILVER SPR	ING, MD. 24a. REC'D BY REGISTRAR DATE MAY 1 8 '60	246. REGISTRAR'S SIGNATURE  Orthon S. Kraus

ours ofter death. Page 4 TO HOSP! OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death, may be refoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/5B

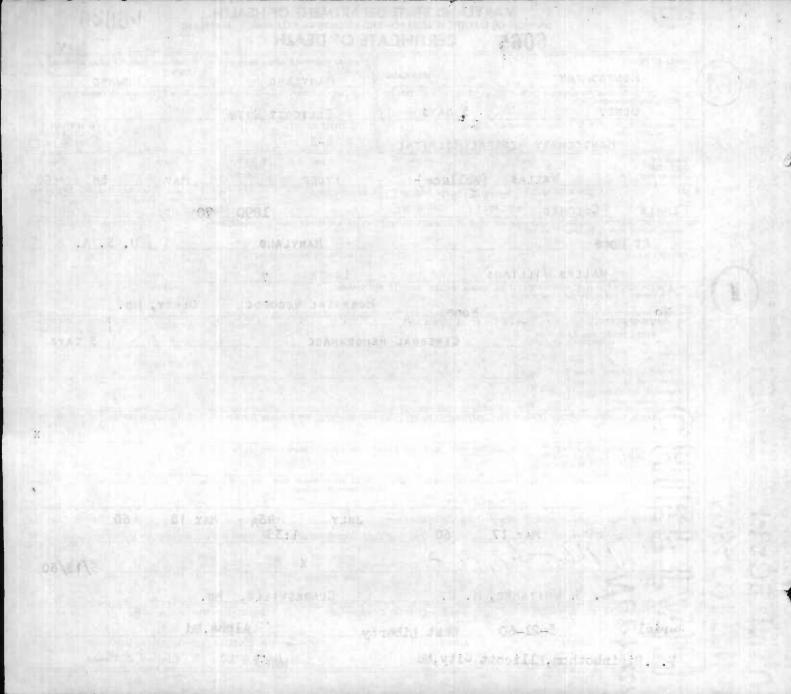
Market Transfer The same of the sa ers it were the boundaries will see and Service Speed of 1960 BURN AV PRACTICAL STATES AND A STATE OF THE STATES AND A STATES AND A STATE OF THE STATES AND A STATES AND A STATE OF THE STATES AND A STATES AND A STATE OF THE STATES AND A STATE OF THE STATES AND A STATES AND A STATE OF THE STATES AND A STATE OF THE STATES AND A STATES AND A STATES AND A STATE OF THE STATES AND A The State of the S A CALIDANA TO A STATE OF THE ARM AND STREET OF THE LIGHT OF THE ARMS. AND ADDRESS OF SELECTION OF SEL THE HE STATE OF THE SAME to make the state of the

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 6065 CERTIFICATE OF DEATH

U	6	0	2	()

1. PLACE OF DEATH  o. COUNTY  MONTGOMERY	MARYLAND	o. STATE	NCE (Where decease Y LA N D	d lived. If instituti b. COUNTY		
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  OLNEY	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If autside carpa		RURAL and giv	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  MONTGOMERY GENER	oddress)	d. STREET AD	ICOTT CITY DRESS			e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mor	nth	Day Year
(Type or print) WALLAS  S. SEX 6. COLOR OR RACE 7. MARR	(Wallace)	TYLE!	R DEATH	9. AGE (In years		18 1960 YEAR IF UNDER 24 HRS
FEMALE COLORED WIDOWE			1890	lost birthdoy) 70 yrs.		Poys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home  13. FATHER'S NAME			CE (State or foreign of RYLAND			S. A.
WALLAS WILLIAMS		LAURA	2			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)		FORMANT HOSPITAL	RECORDS		Y, MD.	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under:  Iying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT I				VEN IN PART	3 DAYS  1(o) 19. WAS AUTOPSY PERFORMED? YES \( \text{NO } \text{NO } \text{X}
20c. TIME OF INJURY Month, Doy, Year 20d. If			ome, farm, 20f. (City		(Co	unty) (Stote
p. m. 19 of worl  21 1 certify that (1) (this haspital) attend saw the deceased alive an. MAY 17  22a. SIGNATURE  Philos deceased alive an. MAY 17  22c. PHYSICIAN'S NAME (Type)  C. S. WHITAKER.	ded the deceased fram	ath accurred  ATTENDING PHYS.  22d. ADDRES	at1:35¼, fram  MED. DIRECTOR □	STAFF PHYS.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 5-21-60	23c. NAME OF CEMETERY OR West Liber	CREMATORY	23d. LOCA	TION (City, town,	or county)	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbothom, Ellicot	ADDRESS		DATE MAY 23 18	TRAR 25b. REGI	istrar's sign	



2 6	4	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
le 4 shauld by	M ,	1. PLACE OF DEATH a. QUINTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE  ARY ANYLONG  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
irector. Pog es. prior to bur	90	d. NAME OF HOSPITAL OR INISTITUTION (If not in hospita), give street address)  1 a Street ADDRESS  1 a STR
for your fill	19	3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  9. AGE (In years of IFUNDER 1YEAR IF UNDER 27 HRS.
and 3 to the section of 2 with 11		WIDOWED DIVORCED 3-16-04 Months Days Hours Min.  10a. USUAL OCCUPATION (Give kind of work done out of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  11. CE 1/V 1+  12. CITIZEN OF WHAT COUNTRY?
ve Pages 1, 2, Page 5 may k File pages 1 ar	(	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S.ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT FUNE TAIL DIRECTORISTICS  Wre., no. or unknown] [If yes, give wor or dotes of services]  Mr. James F. Scarpelli, 108 Virginia Ave.
form PM3. I tit permit. Fi		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Company (Acchieves)
pencil in It alang with burial-tran		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (c)
ending" ir sr's Office s used as a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 32 OO. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
the ward "p lical Examin 3 shauld be		PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour o, m. 19 dr work of
te, writing CTOR: Page	2	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
or the entification of the FUNERAL DIRE		ACTUAL SIGNATURE TRANSPORT OF THE SIGNED  ASSISTANT MEDICAL EXAMINER STATEMENT STATEME
forword FUN		220. BURNACIONATION 1226. DATE THEREOF BURNACIONATION 1226. DATE THEREOF BURNACIONATION (City, 10wn, or county) (Stote)  220. NAME OF CEMETERY OR CREMATORY Cumberland, Maryland
S. A15ME(5) 5M 9/55	18	23. FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC. SILVER SPRING, MD.  240. REC'D BY REGISTRAR 246. REGISTRAR 246. REGISTRAR'S SIGNATURE DAMEAY 9 '60 CILLIAN S. Frank

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	1419				-			
1. PLACE OF DEATH o. COUNTY  Montgom	erv	MARYLA	11 1	JSUAL RESIDENCE (Vo. STATE Mary		b. COUNTY	Residence bef	
b. CITY OR TOWN (If oulside corporo RURAL and give nearest town)  Chevy Chas	te limits, write	c. LENGTH OF STAY IN	v 16	5 Chevy				
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION  4709 Cumbe:		Avenue	1	d. STREET ADDRESS	umberlar	nd Aver	110	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HOW	first ard	Middle R	W	atkins	4. DATE OF DEATH	Mav	14	19_6(
S. SEX 6. COLOR OR	RACE 7. MARR	HED NEVER MARRIED	B. DA	TE OF BIRTH	9. A			R IF UNDER 24 HRS
Male White	WIDOWI			/2/78	3	32 yrs.	onths Day	Hours Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if a Chemist-Retire.	retired)	Chemistry		Iowa	te or foreign country	)	US	OF WHAT COUNTRY?
13. FATHER'S NAME				. MOTHER'S MAIDEN	NAME			
William Watki	ns			Mary B	all			
IS. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16.	SOCIAL SECURITY NO.	17. INFOR			Address		
(If yes, give war or de		None	Nin	a Watkin	s-wife-s	ame as	s 2d	
18. CAUSE OF DEATH [Enter only	one couse porti	ne for (o), (b), and (c).]	P	0				TERVAL BETWEEN
PART I. DEATH WAS CAUSE	BY:	solund	1/4	1 miles	racis		ON	SET AND DEATH
332 X D	UE TO	) Comme						J.
Conditions, if ony, which )	(b)							
gove rise to immediate	UE TO							
lying couse lost.	(c)						1111	
PART II. OTHER SIGNIFICAN'  20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)		CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN	I IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	EATH	CRIBE HOW INJURY OCC	CURRED. (Er	iter noture of injury	in Port I or Port II of	item 18.)		
20c. TIME OF INJURY Month, Doy Hour o. m. p. m.	7, Year 20d. II While of wor	Not while		OF INJURY (Home, fo street, office bldg., o		own)	(County	r) (Stote)
21. I certify that (I) (this has saw the deceased alive an			-7					that (If (we) last
220. SIGNATURE	20	dia i dia i	nor dean	1 documed di	M, Irum me	cooses and	an me dai	22b. DATE
Tout De	ant	or	M.D.	ATTENDING PHYS.	MED. ST	AFF IYS.		SIGNED
22c. PHYSICIAN'S NAME (Type) Paul	D. Can	tor		22d. ADDRESS 4709 Mo	ntg. Lar	ne, Bet	hesda	, Md.
23a. BURIAL, CREMATION, 23b. DATE TREMOVAL (Specify) Burial 5/1	HEREOF	23c. NAME OF CEMET Parklawn			23d. LOCATION	(City, town, or	county) Maryl	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			C'D BY REGISTRAR		AR'S SIGNATI	URE
Robert A. Pump	hrey 1	Bethesda,	Mary	land DATE.	4 7 100	F1	04	

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Torogunos	Juna Propin		VAPRIOR SHOW
	death yvadu		rand aveil
somy, br	offinder (2010)		orde Carporlan
at one	an Line		
			asimi alan
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

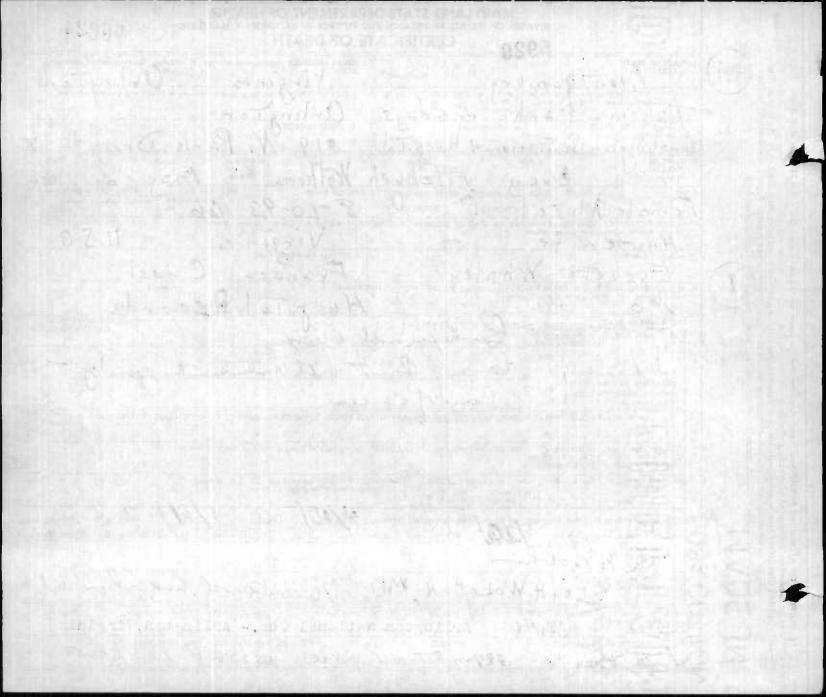
CERTIFICATE OF DEATH

MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Fourside corporate limits, write RURAL and give represt town)
y MARYLAND VINGTON
c. LENGTH OF STAY IN 1b c. CITY OR TOWN (F outside corporate limits, write RURAL and give represt town)
1.6 6 daye (Inlination
et address)  d. STREET ADDRESS  ON A FARM?
my Hospital 219 No Dank Dr. YES NO M
Middle , a Last 4. DATE Month Day Year
Fitzhueh Walkins DEATH May - 21 1960
RRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years II) UNDER 1 YEAR IF UNDER 24 HRS jost birthday) Months Days Hours Min.
WED DIVORCED DIVORCED Months Doys Haurs Min.
b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
- Virginia U.S.a.
14. MOTHER'S MAID NAME
slev Frances Choss
6. SOCIAL SECURITY NO. 17. INFORMANT Address
- Machita Recande
line for (a) (b), and (c).]
achedia all and
Ever of Breat with mitigles to some of
Came of Carcer
S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
YES NO
ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State
ork at work
nded the deceased from 4/30/ 1960, ta 3/1/ 1960 Othat (1) (we) las
22b. DATE
M.D. PHYS. DIRECTOR PHYS. STAFF
1 Harry MID 22d. ADDRESS DOO A A DE CONTROL OF S
Lovo H, MI) 1600 Bure we was
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State)
Arlington National Cem Arlington, Virginia
ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
961-14 25T. N. W. Wach, N.C. DATE MAY 23'60 Crimin S. Franch
nded the deceased from

U6024

(State)

22b. DATE SIGNED



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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

66025

24b. REGISTRAR'S SIGNATURE

arthur & House

24g. REC'D BY REGISTRAR

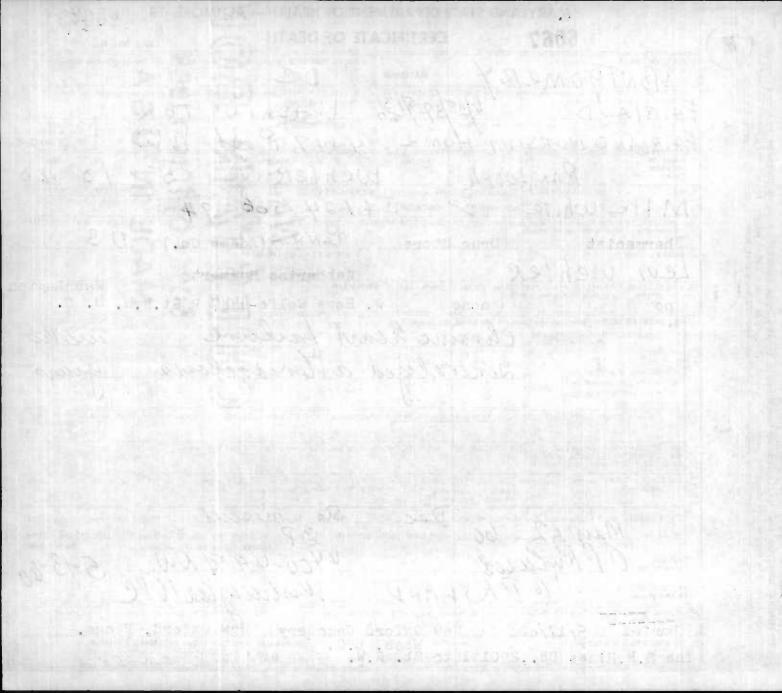
DATE MAY 1 6 '60

6067 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest, tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 18 d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO 12 NAME OF Middle DATE Day Month Year DECEASED (Type or print) DEATH 196 9. AGE (In years last birthday) 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days WIDOWED IT DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) Pharmacist Adams 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Mummert Washington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address St.N.W. J. Ross Wolfe-Lill no none 18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and-(s). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 ar Part 11 of item 18.) 20c. TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Nat while While at work at work p. m 21. I certify that I attended the deceased from . 19___,that I last saw the deceased and that death accurred at _M, fram the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 22a. BURIAL GREMATION 22b. DATE THEREOF 22d. LOZATION (City, tawn, ar county) 22c. NAME OF CEMETERY OR CREMATORY (State) Oxford. Oxford Cemetery

poge 10 VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

The S.H. Hines Co., 2901 14th St. N.W.



VR A15 (4) 15M 9/59

	589	CERTIFICA	ILE	OF DEATH					
1. PLACE OF DEA a. COUNTY	MONTGOMERY	MARYLAND		STATE MAR	here deceased YLAND	d lived. If institution b. COUNTY		e before	
b. CITY OR TO	WN (If outside carporate limits, write sive nearest town) GR SPRING	c. LENGTH OF STAY IN 16 Since 9/59	15	SILVER S		orate limits, write R	URAL ond g	ive neare	st tawn)
d. NAME OF H OR INSTITUT	OSPITAL (If not in haspital, give street 826 BONIFANT STR		1	d. STREET ADDRESS 826 BONI	FANT S	TREET			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	MARY First	McDONALD W	EIN	GARTH	4. DATE OF DEATH	Man 5	th	Day 17	Year 19 6c
5. SEX FEMAI		RIED NEVER MARRIED DIVORCED DIVORCED		TE OF BIRTH 26/76	1 2 1119	9. AGE (In years last birthday) 83 yrs.	-		Hours Min.
10a. USUAL OCCU during most o Homen	JPATION (Give kind of work dane 10b f working life, even if retired)	own home	JSTRY	11. BIRTHPLACE (State Kansas	or fareign o	ountry)		EN OF W	VHAT COUNTRY
FATHER'S NAM	AE .		14.	MOTHER'S MAIDEN	NAME				
John	P. McDonald		7	Mary Ann	Smith				
(Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? 16 (If yes, give war ar dates of service)	none M	rs.	Peter N.	Benedi		Bonifa		St.
gave rise cause (a), ste lying cause	to immediate dating the <u>under</u> DUE TO last. (c)	7		RELATED TO THE TERM	.00		/EN IN PART		PERFORMED?
20a. ACCIDEN	NT WAS UNDERLYING   20b. DES	SCRIBE HOW INJURY OCCURRE						,	YES NO
Hour o		Nat while fa	LACE Coctory,	OF INJURY (Hame, form street, affice bldg., etc	n, 20f. (City	y ar tawn)	(0	aunty)	(State
sow the de	y that (I) (this haspital) otten	lelea		accurred at	M, from	the causes ar			t (I) ( <del>we)</del> las stated above
220. SICKATU	name a differ	rald	M.D.	PHYS. D	ED.	STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICIA NAME (T		'ZGERALD		217 Une	repa	ty Blis	2 € ;	D.,	S. per
REMOVAL (Sp	MATION, 23b. DATE THEREOF BURIAL 5/20/6 0	23c. NAME OF CEMETERY C				TION (City, tawn, ENWORTH,	KANSA		(State)
TALMER DIRE	PUMPHENT ZINC.	SILVER SPRIN	IG, I	MD.	D BY REGIS		STRAR'S SIC		

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Visition and State			Tomographic States	
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		A Land Street		

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60027 5929 **CERTIFICATE OF DEATH** Reg. Dist. No.

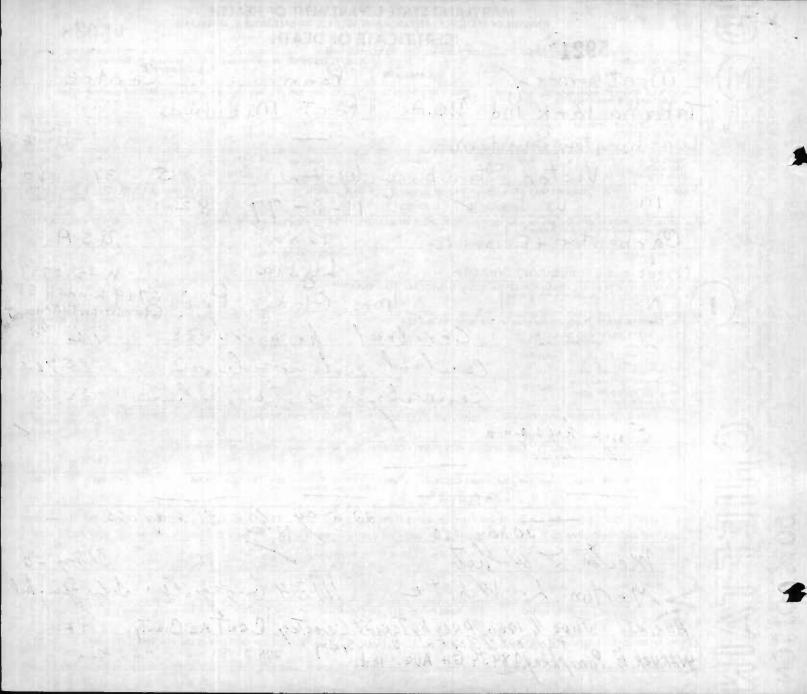
a. COUNTY MONTG	OMERY	MARYLAND	a. STATE MARYLA	b. COUN	MONTGOMERY
b. CITY OR TOWN RURAL and give CHEVY CH	4 (0.00)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		e RURAL and give nearest tawn)
OR INSTITUTION	PITAL (If nat in haspital, give street N DRUM LANE	address)	d. STREET ADDRESS 4709 LANGE	RUM LANE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	BERN ARD	Middle WE	Lost ITZER	4. DATE OF MAY	Aanth Day Year 1, 1960
5. SEX MALE	6. COLOR OR RACE 7. MAR WHTTE WIDOW		B. DATE OF BIRTH  JUNE 28. 18	9. AGE (In year last birthday	rs. IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Hours Min.
10a. USUAL OCCUPAT during mast af we	TION (Give kind af wark dane 10b arking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME  HYMAN WE	TTZER		SARA LIFS		
(Yes, no, or unknown)	(If yes, give wor or dates of service)	SOCIAL SECURITY NO. EV	NFORMANT A BONNER WEI		GDRUM LANE., GHASE, I
20g. ACCIDENT V	DUE TO  OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	appen	ed relie	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU	URY Manth, Day, Year 20d. While	I I	ACE OF INJURY (Hame, fo ctary, street, affice bldg., o		(Caunty) (State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the deceded on sums of the sum	Ouncelly	, 19 , to foccurred at <b>9</b> . 0. 1025		Chat I last saw the deceased and an the date stated above.  DATE SYCHED  TO T
22a. BURIAL, CREMAT REMOVAL (Specif BURIAL	ION, 22b. DATE THEREOF	220. NAME OF CEMETERY OF CEDAR HILL CR		22d. LOCATION (City, fow SUITLAND, MA	n, ar caunty) (State) ARYLAND
23. FUNERAL DIRECTO BERNARD DA	DR'S SIGNATURE NZANSKY & SONS	3501 14th ST.N	. W . 24a. RE	C'D BY REGISTRAR 24b. RE	Cithur S. Krous

HTARO NO STATE DESCRIPTION OF SCHOOL The state of the s REAL PROPERTY AND THE PARTY OF Date in the THE REPORT OF THE PARTY OF THE THE THE REPORT FOR A RESTRICT SERVICE SERVICE FOR A SECOND SERVICE SER CORT I STATE OF THE STATE OF TH 新加加加。全部国际发生。 A PEMER 医皮肤透出 5 一次的国际企 A THE SHARE STREET, SALES AND A STREET, SALES AND ASSESSMENT OF THE PARTY OF THE PA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 06028 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) CAUNTY b. COUNTY MARYLAND funeral CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 1b CLITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest town) shauld lakoma 0 rar d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? by 12 YES NO vashing Danitarium Low pup NAME OF Middle 4. DATE Manth Day Year filled DECEASED DEATH (Type ar print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED campletely last birthday) Days Manths Hours 2 yrs WIDOWED I DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? doing mast af warking life, even if retired) lenn. and benler pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Weston name unknown remave WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address attending please 700 INTERVAL BETWEEN CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: the DUE TO p Canditians, if any, which permit. gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. been si burial-transit WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? has YES NO 17 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate SD 20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) Day, Year factory, street, affice bldg., etc.) a. m While Nat while this at work | at wark | p. m. detached far 21. I certify that (I) (this hospital) attended the deceased fram NO 6 04, 1960, that (1) (we) last Health 6.0 M. fram the causes and an the date stated above 19 saw the deceased alive an_ and that death accurred at a FUNERAL DIRECTOR: 22a. SIGNATURE SIGNED ATTENDING STAFF PHYS. af M.D. PHYS. pe DIRECTOR . oard 3 shauld 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 the State 23d. LOCATION (City, tawn, ar caunty) 23g. BURIAL, CREMATION. 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY (State) BEMOVAL (Specify) 0 2Sa REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JUN arthur & Kraus VR A15 (4) 15M 9/S9

that the death certificate

attending physician.



## FOR STATE HEALTH DEPT.

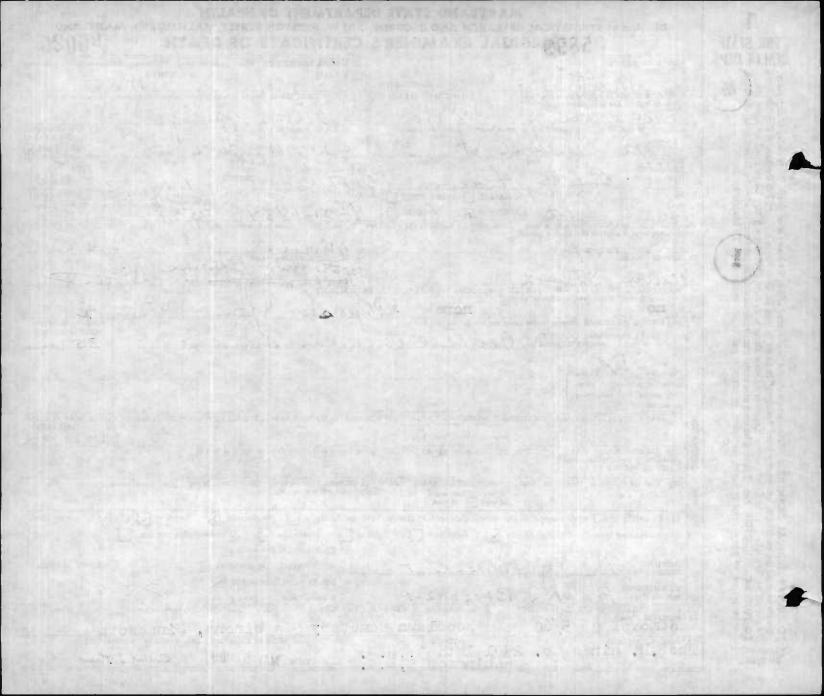
please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form Pack age 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of retained or its designated agent, prior to burial, gremation, or removal, and in any event. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, or its designated agent, prior to burial, cremation, or removal, and in any ever

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
520MEDICAL EXAMINER'S CERTIFICATE OF DEATH
6029

	00-0
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporets limit)   c. LENGTH OF STAY IN 16	me my
write RURAL and give regrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give Aeerest town)
Silver Shines 8 mo	dalla likin sorum
d. NAME OF HOSPITAL OR NSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE
and all le me at	ON A FARM?
9212 Windell St	9212 Wendell St YES NO X
3. NAME OF First Middle	Last 4. DATE Month Dey Year OF
(Type or print). Udela Hedina	Ula Tare DEATH May 3 1960
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1	8. DATE OF BIRTH 9. AGE (In years   WUNDER 1 YEAR   IF UNDER 24 HRS.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lest birthday) Months Days Hours Min.
Henric white WIDOWED DIVORCED	8-21-1884 75 vs.
De. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
don'd during most of working life, even if retired)	ha:
13. FATHER'S NAME	11 11 11 11 11 11 11 11 11 11 11 11 11
3. PATRICK 3 NAME	14. MOTHER'S MAIDENNAME Behnke
Heury STreset	Klands at She
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yas, no, or unkown) (Ifyesgive werordetes of service)	
	hylliach. Span - Itun 2
18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Color broad UX	scular accept 35 mg.
33111	our would so me
DUE TO	
Conditions, if eny, which (b)	
geve rise to immediata causa DUE TO	
(8), stelling the underlying	
TO THE PARTY OF TH	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BOTT	PERFORMED?
	YES NO SA
	(Entar nature of injury in Part I or Part II of item 18.)
PRIMARY Or CONTRIBUTING D	
	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)
p.m. 19 et work at work	
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Suid	cide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL A BONGS	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SIGNATURE SIGNATURE	M.D.
EXAMINER'S () 1 TO	DEPUTY MEDICAL EXAMINER A 52 3-60
NAME (Type) FLANK J. 13 LOSCh2 AT	Addrass (Street, city, town, or county)
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (Steta)
Removal (Specify) 5/5/60 Woodlawn Co	emetery Winone Minnegate
23. FUNERAL DIRECTOR ADDRESS	emetery   Winona Minnesota
The S. H. Hines Co. 2901 LithSt. N.	loI
Washington 9.D.	C DATE MAY 5 '60 Cirlbur S. Kraus.



VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6068 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		-	4,0
eq.	Dist.	No.	

1. PLACE OF DEATH o. COUNTY Mont Gottle Tit	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY	n: Residence before admission)
b. CITY OR TOWN III outlide corporate limits, and give neurest town)  Bethesda	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RU  50  Bethesda	
d. NAME OF HOSPITAL OR INSTITUTION Suburban Hosp		7900 Lynnbrook Dr.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Marian	First Middle Whinnery White	Losi 4. DATE Month OF DEATH May 9,	1960 Doy Year
5. SEX 6. COLOR OR RA female whit		fact blobstock	UNDER IYEAR IF UNDER 24 HRS. Nanths Days Hours Min.
100. USUAL OCCUPATION (Give kind of we during most of working life, even if retire Housewife	ork done 10b, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME William Whinnery		14. MOTHER'S MAIDEN NAME Annie Kinley	
15. WAS DECEASED EVER IN U. S. ARMED [Yes, no. or unknown] [If yes, give war or date NO		Hosp. Record	
18. CAUSE OF DEATH Enter only one PART I. DEATH WAS CAUSED 8 IMMEDIATE CAUSE  DUE Conditions, If any, which gove rise to immediate cause (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT C	to Sulestinal (	Postrie Contents  Obstruction  of Reeling  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	INTERVAL BETWEEN ONSET AND PEATH SULPLES LILLELER LILLER L
	Fell from hospital	CE OF INJURY (Home, form, lory, street, office bldg., etc.)  Rosp  Live, held an Autapsy , Inspection , Undeterm  M.D. CHIEF MEDICAL EXAMINER	(County) (Stote)  Montg. Md.  Inquiry, and in my ined monner
EXAMINER'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THE	Proschart REOF 122. NAME OF CEMETERY OR		10,1960
REMOVAL (Speculy)	60 Cedar Hill	Crematory Suitland, Ma	
Robert A. Pump	hrey Bethesda, M	laryland DAMAY 11'60 arthur	7 S. Kings

BOY TOURS AND THE WAR COMMON The second of th mental stroker a longer Hill declineary spiral and, old but Robert A. Cumonicavi Bundends, Maryannicavi I Bull

Bethesda, Maryland

24b. REGISTRAR'S SIGNATURE

Chilling S. Kraus

240. REC'D BY REGISTRAR

MAY 1 7 '60

DATE

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VS A15 (4) 1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrev

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ntgomery	MARYLAND	o. STATE	b. C	OUNTY			
(If outside corporate limits nearest lown)	, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	utside corporate limits				
1		d. STREET ADDRESS 9316	Elmhurst	Dri	ve	e. IS RESID ON A F YES	ARM?
first Dee	Middle C	Lost Will	4. DATE OF DEATH	Month May	_		eor 9 60
	A CONTRACTOR OF THE PARTY OF TH	6/4/1887		.1 1		Hours Hours	24 HRS. Min.
ION (Give kind of work dorking life, even if retired)	one 10b. KIND OF BUSINESS OR INDI	Texas			US	F WHAT CO	UNTRY?
nown							
	vice)		ly-daught	Address er-sa			
EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ony, which immediate g the under- t. (c)  OTHER SIGNIFICANT COND	Bronchopneumonia Metastatic Carcin Cloacal Cell Carc OITIONS CONTRIBUTING TO DEATH BU	noma, peritone cinoma of rect	NAL DISEASE CONDIT		3	year year 19. WAS AI PERFOR	S UTOPSY
NG CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Yea	r 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm	, 20f. (City or town)	18.)	(County)		(Stote)
nat (I) (this hospital)	attended the deceased from 1819_60, and that	Nov. 13 12	52 . to May 1	8	, 19_ <b>60</b> , th	nat (I) ( <del>w</del>	re) last abave.
	PITAL (If not in hospitol, give the under the graph which immediate graph which immediate graph which immediate graph the under the graph which immediate graph which immediately	(If outside corporate limits, write nearest lown)  Ida  PITAL (If not in hospitol, give street address)  Climhurst Drive  First Middle  Dee C  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED TION (Give kind of work done orking life, even if retired)  VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. None  EATH (Enter only one couse per line for (o), (b), ond (c).]  EATH WAS CAUSED BY: Metastatic Carci: Memediate Cause (o)  DUE TO Metastatic Carci: (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL  WAS UNDERLYING DIVORCED While Not while of work of	(If outside corporote limits, write necrest fown)  (If not in hospitol, give street address)  (If not in hospitol, give street address  (If not in hospitolis give street address)  (If not in hospitolis give street address  (If not in hospitolis give street ad	O. STATE Maryland  O. CITY OR TOWN (If outside corporate limits, write nearest fown)  OR BETHAL (If not in hospitol, give street address)  OR WILL  OR WILL  OR WILL  OR WILL  OR OR RACE  First  Middle  C  Will  OR WILL  OR OF BIRTH  OR OR OR RACE  OR WILL  OR OF BUSINESS OR INDUSTRY  OR O	COUNTY   C	COUNTY   Maryland   County   Montgo   Montgo	Color of Race   The state   The

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 5900

06034

Reg. Dist. No.

	PLACE OF DEATH				2. USUAL RESID	DENCE (Whe	re deceased	lived. If instituti		nce before	edmiss	ion)
		ontgomery		MARYLAND	o. STATE Dist. of Col. b. COUNTY							
	b. CITY OR TOWN RURAL and give to	(If outside corporate limits	, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If ou	tside corpore	ote limits, write R	URAL and	give near	est lowr	)
S	ilver Spr				Washir	oton					4-7	X-3
		TAL (If not in hospital, air	re street o	oddress)	d. STREET A				7	•	. IS RES	IDENCE
T.		rdens Nursin	ig Ho	me	3814 I	ulton	St.,1	V.W.				NO 3
3.	NAME OF DECEASED	First		Middle	Lost		4. DATE	Mon	th	Doy	,	Yeor
	(Type or print)	Orpha		V.	Wilso	n	OF DEATH	May	y'E	1	2.	1960
5.	SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTH	1	9	P. AGE (In years lost birthday)				R 24 HRS.
F	emale:	White	WIDOWE	D DIVORCED	Dec.25.1	L882		77 yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATI during most of wor	ON (Give kind of work do rking life, even if retired)	one 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	_	r foreign cou	untry)		S.A		COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S		ME				-	
	Jonas Gl	atfelty			Rebeco	ca Spe	cht					
		ER IN U. S. ARMED FORC		SOCIAL SECURITY NO. 17. I	NFORMANT			Add	ress			
1	s, no, or unknown)	(If yes, give war or dates of ser	vice)	Mrs	Ruth D.	Herbe	rt. 38	Bill Fult	on St	N	N .	
-	18. CAUSE OF DE	ATH [Enter only one cou	se per lin		3 4100 011 151	1102 00	- 09 /	7.22			VAL BE	TWEEN
		ATH WAS CAUSED BY:	CE		ubolis					ONSE	TAND	DEATH
	443	DUE TO	. ,						TIBRI	11	0	
	Conditions, if		H41	pertensive	Heart	- Visa	easol	with aux	ugh	age	84	180RS
	gove rise to couse (o), stoting		, ,		2011				7		1	
	lying couse lost.	and and a second										
Z	PART II. OT	HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19.	. WAS	UTOPSY
CATI	lulm	ONORYIN	FAG	oct. Di	n hei	405	Me	11; Eus			YES	RMED?
CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING DEATH (MEDICAL EXAMINER)	Юb. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in Po	ort I or Port	II of item 1B.)				
ALC	20c. TIME OF INJU		204 15	JURY OCCURRED 20e. PL	ACE OF INJURY (	dama farm	206 (6:5-	- 4				454
MEDIC	Hour o.m.	19	While of work	Not while for	ctory, street, office	bldg., etc.)	Zor. (City o	or town)	(	County)		(Stote)
	21. I certify t	hat I attended the	decease	d from Sept	1 1953	to m	pr 1	3, 19/01	2that I	last say	v the	deceased
	alive an //	a411	. 19 6	20, and that death	accurred at	6:52						
		+ 10			00001100			et, city or town,		ne date		TE SIGNED
d	ACTUAL SIGNATURE	Trans	3/	Daren	M.D. 1150	-Con	n. lev	o. n.w	Was	Ling	261	-6DC
	PHYSICIAN'S NAME (Type) F	rank S. Baco	n M.	D	1150	Conn.	Aye.	N.W. Wa	shing	ton.	D.C	
220	BURIAL, CREMATIC	ON, 22b. DATE THEREOF		22c. NAME OF CEMETERY O				ON (City, town, o			(Stote	
	REMOVAL (Specify	5/14/60		Rock Creek C	emetery		Washi	ngton, D.	C.			
23.	FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS - No.		24a. REC'D		AR 24b. REGIS	STRAR'S SIG	GNATURE		
	0,000	March	Some !	rome 21	and lice	DATE				7 20. 7	V-COLUMN COLUMN	

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#### **BALTIMORE 1. MARYLAND** DICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 1, 2, and 3 to the funeral director. Page Sage 5 may be retained for your files. 1 and 2 with the State Board of Health. 72 hours after death COUNTY DONTOOMERU b. CITY OR JOWN (if outside corporate limits, write RURAL and give genest town) MARYLAND c. LENGTH OF STAY IN 16 Takama Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 7011 Colesville Washington Sanitarium and Hespital 3. NAME OF DECEASED DEATH (Type or print) Wise 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH WIDOWED DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY Give Peock 1, 2, dena during most of working life even if retired) Real Estate Broker pages | within 13. FATHER'S NAME John Frank Wise E/S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT ding" in pencil in frem Sive ler's Office along with form P as a burial-transit permit. File p r removal, and in any event (Yes, no, or unkown) | (If yes give wer or detes of service) John W 18. CAUSE OF DEATH [Enter only one cause pel line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: SHOCK DUE TO certificate should rd "pending" in p (6) ABDOMINAL HEMCRRHAGE the word "pending" Medical Examiner's DUE TO 50 (a), stating the underlying ould be used a S place 20a. EXTERNAL CAUSE WAS AARY OF CONTRIBUTING USE OF DEATH. should be forwarded to the Chief I FUNERAL DIRECTOR: Page 3 sits designated agent, prior to buria Month, Day, Year et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection MEDICAL Accident X Suicide death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 22a, BURIAL, CREMATION. TERY OR CREMATORY DE Jork 940

2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) Prince c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) e. IS RESIDENCE ON A FARM? YES NO May 1960 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) 12. CITIZEN OF WHAT COUNTRY? oba, Canada INTERVAL BETWEEN ONSET AND DEATH SUDDEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of item 18.) 20d. INJUNY OCCURRED 2Da. PLACE OF INJUNY (Home, ferry) 20f. (Cfy or lown) While Not While 20f. (Cfy or lown) (Stata) (County) Inquiry and in my opinion Undetermined manner ASSISTANT MEDICAL EXAMINER DATE SIGNED Addrass (Streat, city, town, or county) 22d, LOCATION (City, lown, or country) (Stete) 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus Da acco 5M 7/59

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CENTIFICATE OF DEATH

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may be tetoined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremotian, or removal, and in any event, within 72 hours ofter death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 /

rs ofter deoth. Page 4

	5901	CERTIFICA	IE OF DEATH				
1. PLACE OF D o. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who	1.	If institutions COUNTY	Residence befo	
	TOWN (If outside corporate limits, write d give nearest town)  SILVER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or 22 SILVER	utside corporate lin	nits, write RUR	AL and give nec	arest town)
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital, give street IUTION 229 GRANVILIE	oddress) DRIVE	d. STREET ADDRESS 229 GRA	NVILLE D	RIVE		ON A FARM? YES NO
3. NAME OF DECEASED (Type or prin	First Mary	Middle Wolchick	Last	4. DATE OF DEATH	May 23		19
5. SEX Fema:		MED THE MARKIED	B. DATE OF BIRTH MAY 29, 1899	9. AG lost 60	birthday)	Months Days	Hours Min,
10a. USUAL OC furing mos Bead:	CUPATION (Give kind of work dane to the following life, even if retired)	. KIND OF BUSINESS OR INDU		Pennsy	lvania	U.S.	WHAT COUNTRY
13. FATHER'S N Steph	AME en Herrick		14. MOTHER'S MAIDEN N	unknown			
15. WAS DECEA (Yes, no, or unknow			Theodore Wol	chick, 2	Addres 29 Gran	ville D	rive
Condition gave riscouse (a).	RT I. DEATH Enter only one couse per I RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	METASTATI	4 OF (	COLON MAL DISEASE CON	/	•	S MOS
20a. ACCII OR CONTI		SCRIBE HOW INJURY OCCURRE			55-34		PERFORMED? YES NO
No 20c. TIME	a.m. While	6-	ACE OF INJURY (Home, form actory, street, office bldg., etc.		wn)	(County)	(Stat
saw the 220. SIGN 22c. PHYSI	John H. Ja	ded the deceased fram.	M.D. ATTENDING M. DI	ED. ST. PH	AFF YS. [] CONSIA	I an the date	5/23/6
23g. BURIAL, C REMOVAL CREMAT J	(Specify)	23c. NAME OF CEMETERY OF		PRINCE	GEORGE	COUNTY	
24 FUNERAL C	PIRECTOR'S SIGNATURE	SILVER SPRIN	10 100	D BY REGISTRAR		TRAR'S SIGNATU	

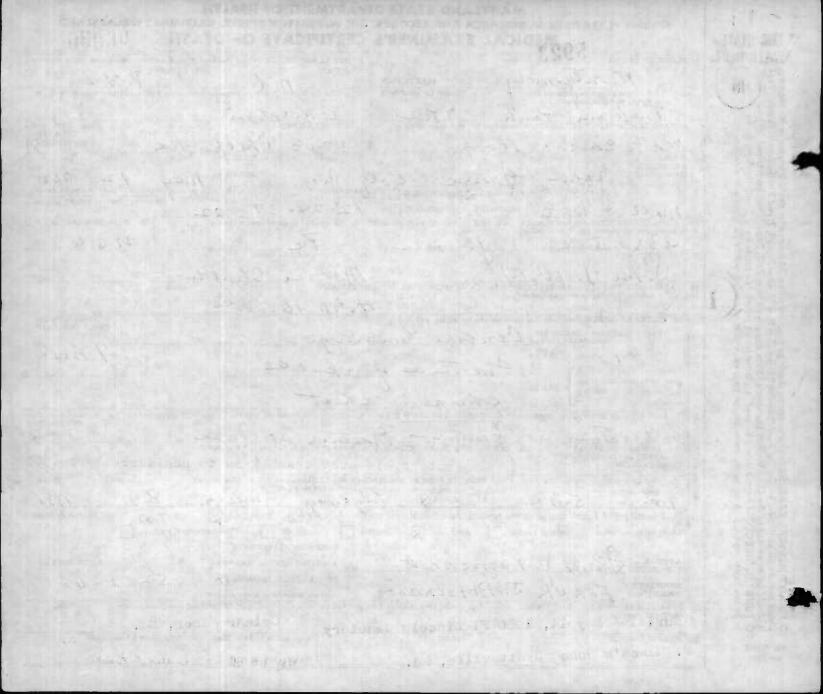
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LONG COLONS	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) is nece. Per your files. e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside opporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Board of d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) adelphra d. STREET ADDRES e. IS RESIDENCE nould be executed within 24 hours after death. If any delay in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Bo moval, and in several within 72 hours after death. ON A FARM? 2200 YES NO NAME OF Middle DECEASED OF (Type or print) DEATH 1960 may COLOR OR RACE 7. MARRIED NEVER MARRIED 8. ATE 9 BIRTH 9. AGE (In year IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey Months 12-24-3 WIDOWED DIVORCED 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pprentice 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordatesofservice Horsp 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH DUE TO "pending" gave rise to immediate cause DUE TO (a), stating the underlying ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner? **FUNERAL DIRECTOR**: Page 3 should be used as Ches cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20b. SSCRIBE HOW INJURY OCCURED. TEnler nature of injury in Part I or Part II of item 18.) NO V CERTIFICA 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | motorcycle acc. crashed in to residence -rte.501 CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) faciery, street, office bldg., etc.) While Not While al work at work highway prior 5-11 1960 21. I certify that I took charge of the remains described above, held an Autopsy | , Inspection / Inquiry , and in my opinion agent, death resulted from: Natural causes Accident X Suicide [ Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE > DEPUTY MEDICAL EXAMINER 1. Broschant Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) A BEMOVAL (Specify) May 14, 1960 Ft Lincoln Cemetery Colmar Manor, Md. £40 ò 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VS. A15ME 5M 7/59 DATE AV 1 6 '60 aller & thous



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

06037

	5930 T+0	CERTIFIC	A IE OF DEA				
1. PLACE OF DEATH		m / FILMOZO,	2. USUAL RESIDENCE	(Where deceased lived. If instituti			
o. COUNTY MOI	ntgomery	MARYLANI	o. STATE Mai	ryland b. COUNTY	Montgomery		
b. CITY OR TOWN (If o	outside corporate limits, write	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corporate limits, write R	RURAL and give nearest town)		
RURAL and give near		18 vrs	> Che	evy Chase			
d. NAME OF HOSPITAL	(If nat in haspital, give street	address)	d. STREET ADDRES		e. IS RESTDENCE ON A FARM?		
7104 Oa	k Ridge Aven	ue	710	04 Oak Ridge A	Ve. YES NO K		
3. NAME OF DECEASED	First	Middle	Last	4. DATE MON	th Day Year		
(Type or print)	Frances	J	Woodwa	rd DEATH ///	Y 13, 1960		
S. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)			
Female	White widow	ED DIVORCED	10/3/97	77 62 Yrs.	7 10 Hours Min.		
10a. USUAL OCCUPATION during most of warkin	(Give kind of work done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (	State or fareign cauntry	12. CITIZEN OF WHAT COUNTRY?		
Housewif			Was	hington D. C.	US		
13. FATHER'S NAME		LANDS OF E	14. MOTHER'S MAID	DEN NAME			
Rudolph	Ullmar			Unknown			
	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	7. INFORMANT D	aughter Add	dress Maryland		
No	, , , , , , , , , , , , , , , , , , , ,	None	Mrs. Powel:	1-8004 Beech 1	Tree Rd. Bethesda		
18. CAUSE OF DEATH	H [Enter only one gause per li	ne for (o), (b), and (c).]		-A 0 0	INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH	WAS CAUSED BY	valence Co	remoned	losis of lu	NAR!		
17703	DUE TO	0	10	V	10 months		
Conditions, if any	, which ) (b)	pleina	and von	US	, 6		
gave rise to import cause (o), stating the	mediate DUE TO	U	2.0	0.			
lying cause last.	(c) Car		Tyears.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
N S S S S S S S S S S S S S S S S S S S	YES NO NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19-WAS AUTOPY PERFORMEDRY YES NO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	EDICAL EXAMINER)						
	,,,		PLACE OF INJURY (Home, factory, street, affice bldg		(County) (State)		
Haur a.m.	19 While of wor		aciory, sireer, direct blog	, 610.7			
2) I certify that	(I) (this bospital) attend	ded the deceased fra	vec.	55 to prese	11/9_, that (1) (we) last		
saw the decease	7/10 / /	() ( .	at death accurred	APA	nd an the date stated above.		
220. SIGNATURS	000	1	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	***	22b.DATE		
C.	1. Kylau	d	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	5-13-60		
22c. PHYSICIAN'S NAME (Type)	DIDELL A		22d. ADDRESS	10th ( 111 111	0 + 1170		
(NAME (Type)	4. KATU	NU	4400-4	-9 St. NW Wa	sunglow 60C.		
23a. BURIAL, CREMATION	, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town,	or county) (State)		
Burial 5/17/60 Arlington National Arlington Virginia							
24. FUNERAL DIRECTOR'S		ADDRESS	2So.		ISTRAR'S SIGNATURE		
Robert	A. Pumphrey	Bethesda,	Md. DAT	E MAY 16'60 C	The P K		

may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direpage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. rs after deoth. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP VR AIS (4) ISM 9/S9

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06038

6072

CERTIFICATE OF DEATH

Reg. Dist. No.

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Ī	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla		b. COUNTY	Residence before o	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Silver	Spring	mits, write RURA	L ond give neares	t town)
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION  Suburban Hospital	oddress)	/ d. STREET ADDRESS	eurilee 1	Lane		S RESIDENCE ON A FARM? ES NO
3	NAME OF First DECEASED (Type or print) Josephine	Middle R.	last Wyckoff	4. DATE OF DEATH	Month May	Day	Yeor 19 60
1	SEX 7 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH 2 - 5 - 2	≥ los		UNDER 1 YEAR IF onths Days H	UNDER 24 HRS.
1	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (Stote Nebraska	or foreign country	)	U.S.A.	HAT COUNTRY?
1	3. FATHER'S NAME Dr Edward E.	Sweeney	34. MOTHER'S MAIDEN I	na hy	hene		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown)   If yes, give war or dates of service)	****	nformant arles W. Wyck	off		.02 Meuri lver Spr	
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	acute	Parier	eatit	is	6	Day
		CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)		
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o. m. 19 While of work of work 19 to						
	21. I certify that I attended the decease alive an analy 196  ACTUAL SIGNATURE JOHN J. CURRY  PHYSICIAN'S JOHN J. CURRY	ed from Anal 20, and that death Curry	2419/20, to 1 accurred at 5:3	My from the ADDRESS pircel,	causes and		
-	20. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 5/4/60	22c. NAME OF CEMETERY C	OR CREMATORY STONAL CEMETER	22d. LOGATION Y ARLI		ounty) VIRGINIA	(Stote)
2	3. FUNERAL DIRECTOR'S SIGNATURE WERNEN BY DEMONSTREAT INC.	ADDRESS SILVER SPRIN		D BY REGISTRAR		AR'S SIGNATURE	

TO HOSPICATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 corrs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 1SM 9/S8

